



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2005 8:00 am
Secretary of State

01-13-2005 90015 033 ****55.00

DOCUMENT # <u>L04000082522</u>					
1. Entity Name WEST CYPRESS STREET PROPERTIES, LLC					
Principal Place of Business 4532 WEST KENNEDY BLVD., SUITE 112 TAMPA, FL 33609			Mailing Address 4532 WEST KENNEDY BLVD., SUITE 112 TAMPA, FL 33609		
2. Principal Place of Business <u>3415 West Cypress Street</u> Suite, Apt. #, etc.		3. Mailing Address <u>3415 West Cypress Street</u> Suite, Apt. #, etc.			
City & State <u>Tampa, FL</u>		City & State <u>Tampa, FL</u>		4. FEI Number <u>76-0771572</u>	
Zip <u>33607</u>		Country <u>Hills.</u>		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BELSHAW, PAUL P 4532 WEST KENNEDY BLVD., SUITE 112 TAMPA, FL 33609				7. Name and Address of New Registered Agent Name <u>Paul P. Belshaw</u> Street Address (P.O. Box Number is Not Acceptable) <u>3415 West Cypress Street</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33607</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Paul P. Belshaw</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1-10-05</u>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TENNY, STEVEN 4532 WEST KENNEDY BLVD., SUITE 112 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Steven Tenny 3415 West Cypress Street Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRACARO, RICHARD A 32 BARTHOLF AVE. POMPTON LAKES, NJ 07442	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILZIG, ALAN 53 N. MOORE STREET #4D NEW YORK, NY 10013	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELSHAW, PAUL P 4532 WEST KENNEDY BLVD., SUITE 112 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Paul Belshaw 3415 West Cypress Street Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVINGER, MARC S 4532 WEST KENNEDY BLVD., SUITE 112 TAMPA, FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Marc S. Lovinger 3415 West Cypress Street Tampa, FL 33607	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Paul P. Belshaw</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1-10-05</u> 813-258-6446 <small>Daytime Phone #</small> <u>Ext 229</u>		