

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026210

FILED
May 15, 2006
Secretary of State

Entity Name: CYPRESS JET HOLDINGS LIMITED LIABILITY COMPANY

Current Principal Place of Business:

5280 NW 20TH TERRACE, HANGER 58
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

5280 NW 20TH TERRACE, HANGER 58
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 74-3143044 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

GABLE, MICHAEL P
4000 HOLLYWOOD BOULEVARD
SUITE 735 SOUTH TOWER
HOLLYWOOD, FL 330216755 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: O'NEIL, JOHN
Address: 5280 NW 20TH TERRACE, HANGER 58
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM () Delete
Name: VINE, REUBEN WILLIAM
Address: 5280 NW 20TH TERRACE, HANGER 58
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN ONEIL

MGRM

05/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date