

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90006 044 \*\*\*143.75

60039607



<b>DOCUMENT # L05000039821</b>		
1. Entity Name CYPRESS CAY RESORT, LLC		

Principal Place of Business C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401	Mailing Address C/O CAPITAL MANAGEMENT SERVICES 777 SOUTH FLAGLER DRIVE, SUITE 800W WEST PALM BEACH, FL 33401
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2. Principal Place of Business - No P.O. Box # 1155 S. SEMORAN BLVD		3. Mailing Address 1155 S. SEMORAN BLVD	
Suite, Apt. #, etc. Suite #1120		Suite, Apt. #, etc. Suite #1120	
City & State Winter Park, FL.		City & State Winter Park, FL.	
Zip 32792	Country US	Zip 32792	Country US

04152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2844896	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LIOCE, DOMENICK R. 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEPLITSKY, IGOR 1155 S SEMORAN BLVD STE 1120 WINTER PARK, FL 32792 <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	AMGR O'DOWD, STEVEN M 1155 S SEMORAN BLVD STE 1120 WINTER PARK, FL 32793 <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	AMGR HISS, STEVEN F 1155 S SEMORAN BLVD STE 1120 WINTER PARK, FL 32792 <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	<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	<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	<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 exemptions contained in Chapter 119, 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 _____	4/18/08	407-571-4355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #