

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90032 004 \*\*\*\*50.00

**DOCUMENT # L05000050834**

1. Entity Name  
CYRUS DEVELOPMENTS V, LLC



Principal Place of Business  
967 MARINA DR.  
WESTON, FL 33327

Mailing Address  
967 MARINA DR.  
WESTON, FL 33020

2. Principal Place of Business - No P.O. Box #

3. Mailing Address  
885 STILLWATER CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
WESTON, FL

Zip

Country

Zip

33327

Country

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4194824  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRISALES-RACINI, OSCAR  
2999 N.E. 191ST STREET  
PH 8  
AVENTURA, FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
MGRM  
PINTAR, ERIC  
STREET ADDRESS  
967 MARINA DR.  
CITY-ST-ZIP  
WESTON, FL 33327 ☐ Delete

TITLE  
NAME  
MGRM  
PINTAR, ERIC  
STREET ADDRESS  
885 STILLWATER CT  
CITY-ST-ZIP  
WESTON, FL 33327 ☒ Change ☐ Addition

TITLE  
NAME  
MGRM  
USANDIZAGA, GUSTAVO  
STREET ADDRESS  
967 MARINA DR  
CITY-ST-ZIP  
WESTON, FL 33327 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

ERIC PINTAR

4/12/07 954 389 3205

Date

Daytime Phone #