

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000061338

**FILED**  
**Feb 20, 2008**  
**Secretary of State**

**Entity Name:** CYPRESS DEVELOPMENT, LLC

**Current Principal Place of Business:**

1130 WEST PENDER STREET, SUITE 545  
VANCOUVER BRITISH COLUMBIA, OC V6E 4A4 OC

**New Principal Place of Business:**

1130 WEST PENDER STREET, SUITE 545  
VANCOUVER, BC V6E 4A4

**Current Mailing Address:**

1130 WEST PENDER STREET, SUITE 545  
VANCOUVER BRITISH COLUMBIA, OC V6E 4A4 OC

**New Mailing Address:**

1130 WEST PENDER STREET, SUITE 545  
VANCOUVER, BC V6E 4A4

**FEI Number:** 98-0463811

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R&A AGENTS, INC.  
TRIANON CENTRE  
850 PARK SHORE DRIVE, THIRD FLOOR  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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: MGR ( ) Delete  
Name: GALBRAITH, ROSS H  
Address: 1130 WEST PENDER STREET, SUITE 545  
City-St-Zip: VANCOUVER BRITISH COLUMBIA, OC V6E 4A4 OC

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GALBRAITH, ROSS H  
Address: 1130 WEST PENDER STREET, SUITE 545  
City-St-Zip: VANCOUVER, BC V6E 4A4

I hereby certify that the information supplied with this filing does not qualify 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:** ROSS GALBRAITH

MGR

02/20/2008

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