# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 30, 2007**
**Secretary of State**

DOCUMENT# L05000070225

**Entity Name:** CY-FI CITY, LLC

**Current Principal Place of Business:**

1040 BAYVIEW DRIVE, #600
FT. LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

1040 BAYVIEW DRIVE, #600
FT. LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number: 42-1675662** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CASORIA, S M III
1040 BAYVIEW DRIVE, #600
FT. LAUDERDALE, FL 33304 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: MGRM ( ) Delete
Name: CITY COLLEGE, INC.,
Address: 1040 BAYVIEW DRIVE, #600
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGRM ( ) Delete
Name: CASORIA, S M III
Address: 1040 BAYVIEW DRIVE, #600
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGRM ( ) Delete
Name: FIKE, CORNELIUS M II
Address: 1040 BAYVIEW DRIVE, #600
City-St-Zip: FT. LAUDERDALE, FL 33304

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition
Name: CASORIA, JANE
Address: 1040 BAYVIEW DRIVE, #600
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: MGRM (X) Change ( ) Addition
Name: FIKE, RUTH I
Address: 1040 BAYVIEW DRIVE, #600
City-St-Zip: FT. LAUDERDALE, FL 33304

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: RUTH FIKE MGRM 04/30/2007

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