

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90042 015 ****50.00

DOCUMENT # L05000114353

1. Entity Name
CYP4 CAPITAL LLC



Principal Place of Business
**% CAPITAL PARTNERS, INC.
ONE INDEPENDENT DRIVE, SUITE 114
JACKSONVILLE, FL 32202**

Mailing Address
**% CAPITAL PARTNERS, INC.
ONE INDEPENDENT DRIVE, SUITE 114
JACKSONVILLE, FL 32202**

60041564



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

One Independent Drive

Suite, Apt. #, etc.

Suite 1850

City & State

Jacksonville, FL

Zip

32202

Country

3. Mailing Address

One Independent Drive

Suite, Apt. #, etc.

Suite 1850

City & State

Jacksonville, FL

Zip

32202

Country

04242007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-3975233

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

**EVANS, WILLIAM G
ONE INDEPENDENT DRIVE, SUITE 114
JACKSONVILLE, FL 32202**

Suite 1850

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 reinstating)

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
STREET ADDRESS
CITY-ST-ZIP
**MGR
HEISTAND, JAMES R
ONE INDEPENDENT DRIVE SUITE 114
JACKSONVILLE, FL 32202**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Suite 1850

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Authorized Representative

4/24/07 (904) 356-1978

Date

Daytime Phone #