

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90062 030 \*\*\*\*50.00

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<b>DOCUMENT # L05000119315</b> 1. Entity Name CYPRESS II, LLC					
Principal Place of Business 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312 US			Mailing Address 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box #  95 S Federal Hwy, Ste 200 Boca Raton, FL 33432		3. Mailing Address  Suite 95 S Federal Hwy, Ste 200 Boca Raton, FL 33432 City:		02232007 Chg-LLC CR2E083 (12/06)	
Zip Country USA		Zip Country USA		4. FEI Number 20-4001105	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  RICHARDSON, JOHN ESQ. 3900 SW 30TH AVE. SUITE 3 FORT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Christopher Richardson Street Address (P.O. Box Number is Not Acceptable)  95 S Federal Hwy, Ste 200 City Boca Raton, FL 33432		
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  DATE 4/27/07		
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 MGR NAME RICHARDSON, KENNETH E STREET ADDRESS 3900 SW 30TH AVE. CITY-ST-ZIP FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 95 S Federal Hwy, Ste 200 CITY-ST-ZIP Boca Raton, FL 33432	<input checked="" 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	
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:			Date 4/27/07 Daytime Phone # 561-869-4300		

POSTED