2008 LIMITED LIABILITY COMPANY

FILED

21	ANNUA	L REPORT	Apr 29, 2008 08:00 AM		
DOCU	MENT # L0600003	0068		Secretary of State	
1. Entity Nam CYDNEY	PROPERTIES, LLC				
1732 MARG/	re of Business ARET STREET LE, FL 32204	Mailing Address 1732 MARGARET STREET JACKSONVILLE, FL 32204			
				03272008 No Chg-LLC CR2E083 (12/07)	
	OO NOT WRIT	E IN THIS SPA	CE	4. FEI Number 20-4544339 5. Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		ree Required	
JONES, CHRISTOPHER 1732 MARGARET STREET JACKSONVILLE, FL 32204				DO NOT WRITE IN THIS SPACE	
the obligate SIGNATURE.	named entity submits this statement tions of registered agent. Sgnature, typed or printed name of registered agent. E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.	ent and Idle of applicable (NOTE: Registe	ered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept adwiser renstaing) DATE	
9.	MANAGING MEM	BERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, CHRISTOPHER 1732 MARGARET STREET JACKSONVILLE, FL 32204			05/22/08-8006?-005 138.75	
NAME STREET ADDRESS CITY: ST-ZIP TITLE					
NAME STREET ADDRESS CITY: ST-ZIP				DO NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME					

11. I hereby certify that the information supplied with this filling does not quality 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 flability company on the receiver or truetee empowered to execute this report as required by Chapter 508, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OF

CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP

SOUND MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone 4