

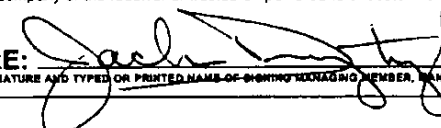


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-06-2007 90074 009 ****50.00

DOCUMENT # L06000043186			
1. Entity Name CYPRESS LAKES LLC			
Principal Place of Business 856 WESTLAKE DRIVE ORMOND BEACH, FL 32174 US		Mailing Address 856 WESTLAKE DRIVE ORMOND BEACH, FL 32174 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02282007 Chg-LLC CR2E083 (12/06)		4. FEI Number 71-1022019	
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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name JACK DMYTRYK Street Address (P.O. Box Number is Not Acceptable) 856 WESTLAKE DR City ORMOND BEACH FL Zip Code 32174	
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 3/1/07 <small>Signature, typewritten printed name of registered agent and current applicator. (NOTE: Registered Agent signature required when releasing)</small>			
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	OPERATING MANAGER <input type="checkbox"/> Delete JACK DMYTRYK 856 WESTLAKE DR ORMOND BEACH FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Delete MICHAEL SLADDER 500 WEST END AVE NEW YORK, N.Y. 10024	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Delete BRIAN WORKMAN 27 WELLINGTON DR BASKING RIDGE NJ 07020	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: 		JACK DMYTRYK 3/1/07 388-437-3165 Date Daytime Phone #	