

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-19-2007 90461 036 *****55.00

DOCUMENT # L06000116026	
1. Entity Name CYPRESS COURTYARD, LLC	

Principal Place of Business 8890 WEST OAKLAND PARK BLVD., SUITE 2 SUNRISE FL 33351	Mailing Address 8890 WEST OAKLAND PARK BLVD., SUITE 2 SUNRISE FL 33351
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country	City & State Zip Country

30004264

1st MOORE CR2E083 (10/06)

4. EEI Number 20-599442	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FRAZIER, ROBERT W JR., ESQ C/O FRAZIER, HOTTE & ASSOCIATES, P.A. 6550 NORTH FEDERAL HIGHWAY, SUITE 220 FT. LAUDERDALE FL 33308	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

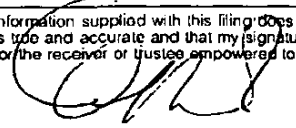
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title is applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ECHION U.S.A., INC. 8890 WEST OAKLAND PARK BLVD., SUITE 201 SUNRISE FL 33351 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **07/07/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #