
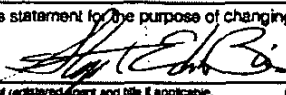
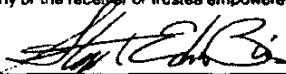


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90326 015 ****50.00

DOCUMENT # L06000117262			
1. Entity Name CYGNUS CAPITAL HOLDINGS, LLC			
Principal Place of Business 6251 69TH STREET EAST PALMETTO, FL 34221-9076		Mailing Address 6251 69TH STREET EAST PALMETTO, FL 34221-9076	
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
04302007		Chg-LLC CR2E083 (12/06)	
4. FEI Number 56-2632446		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIEFNER, JOHN R JR., ESQ C/O KIEFNER LAW OFFICES, P.A. 146 SECOND STREET NORTH, SUITE 300 ST. PETERSBURG, FL 33701		Name Stephen du Buis	
		Street Address (P.O. Box Number is Not Acceptable) 6251 69th Street, East	
		City Palmetto FL Zip Code 34221-9076	
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 4/30/07	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUCE, ROBERT D <input checked="" type="checkbox"/> Delete 6251 69TH STREET EAST PALMETTO, FL 342219076	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fund Manager, LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6251 69th Street East Palmetto, FL 34221-9076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Fund Manager One, LLC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6251 69th Street East Palmetto, FL 34221-9076
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: 		Authorized Representative 4/30/07 (941) 713-2853	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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