

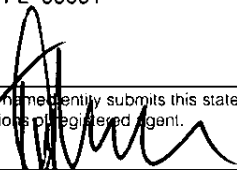
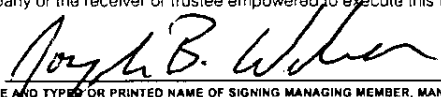


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90080 037 ***138.75

DOCUMENT # L07000026658 1. Entity Name CYPRESS MULTIGRAPHICS SOUTH LLC					
Principal Place of Business 8500 W. 185TH STREET, UNIT A TINLEY PARK, IL 60487			Mailing Address 8500 W. 185TH STREET, UNIT A TINLEY PARK, IL 60487		
2. Principal Place of Business - No P.O. Box # 3340 Scherer Suite, Apt. #, etc. Suite D City & State St. Petersburg FL Zip 33716		3. Mailing Address 3340 Scherer DRIVE Suite, Apt. #, etc. Suite D City & State St. Petersburg FL Zip 33716			
01072008 Chg-LLC CR2E083 (12/06)				4. FEI Number 20-8618215	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Tim Thomas Street Address (P.O. Box Number is Not Acceptable) DRIVE 3340 Scherer, Suite D City St. Petersburg FL Zip Code 33716		
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 01-11-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WEBER, JOSEPH B 8500 W. 185TH STREET, UNIT A TINLEY PARK, IL 60487	<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
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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 1-8-08		Daytime Phone # 708-633-1166