

# 2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0015286 AF

DOCUMENT # L98000000069

1. Entity Name  
4835 CYPRESS L.C.

01 APR 26 AM 11:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1100 LINTON BOULEVARD, SUITE C-9  
DELRAY BEACH FL 33444

Mailing Address  
1100 LINTON BOULEVARD, SUITE C-9  
DELRAY BEACH FL 33444



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0829775

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME WALSH, MICHAEL  
STREET ADDRESS 1100 LINTON BOULEVARD, SUITE C-9  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR ☐ Delete  
NAME WALSH, MARK  
STREET ADDRESS 1100 LINTON BOULEVARD, SUITE C-9  
CITY-ST-ZIP DELRAY BEACH FL 33444

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael Walsh, Manager*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/24/01 (561) 279-9900  
Date Daytime Phone #

CR2E083 (11/00)