


50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002533 1. Entity Name CARLYLE/CYPRESS LARGO LLC	
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Principal Place of Business 15601 DALLAS PARKWAY, SUITE 400 ADDISON, TX 75007	Mailing Address 15601 DALLAS PARKWAY, SUITE 400 ADDISON, TX 75007
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DO NOT WRITE IN THIS SPACE

FILED

2005 MAY 19 P 4: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01062005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0135299	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 CAPITOL CORPORATE SERVICES, INC. 1333 N. DUVAL STREET TALLAHASSEE, FL 32303
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005 000054848370
05/19/05--01019--022 **423.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAGUIRE, CHRISTOPHER C 15601 DALLAS PARKWAY, SUITE 400 ADDISON, TX 75001
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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:  3-29-05 972-361-5058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #