## 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT # M0400002539  1. Entity Name CYPRESS PARKWAY, LLC							06 OCT 20	AM IO:	51	
Principal Place of Business			Mailing Address							
10955 GRANADA			10955 GRANADA							
OVERLAND PARK, KS 66211			OVERLAND PARK, KS 6							
2. Principal Place of Business			3. Mailing Address			111 <b>62</b> 11 6131 <b>66</b> 11 6311 6311			01 III I <b>II</b> I	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	<del></del>	10122006	1 . 10122006 REIN-LLC CR2E101 (11/05)				
City & State			City & State		t	4, FEI Num 56-24	ber 66985			plied For t Applicable
ZΙρ	Zip Country		Zip Coun		ntry	5. Certifica	te of Status Desired		5.00 Add	
	6. Name	and Address of Current R	legistered Agent				nd Address of New R	egistered A	gent	
CTCORP	ORATION	SYSTEM			. Name					
1200 SOU	TH PINE IS	SLAND ROAD			Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION, FL 33324							· <del></del>			
· ·					City		···	FL	Zip Code	8
8. The above named entity summitty this statement for the purpose of manging its registers						istered agent, or	ooth, in the State of Flo	. –	miliar with,	and accept
the obligations of registered agent.  John J. Janniban, Asst VP 10/12/2006										
SIGNATURE Spreams, typed of printed name of registered agent and title of applicable. (NOTE: Registered Agent algenture required when redustating)  DATE										
		EE IS \$150.00 7, Fee will be \$200.00					e checkipa Departme			
9.	14400	MANAGING MEMBER		10.			ADDITIONS/			
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STREET ADDRESS CITY-ST-ZIP	ļ				EET ADDRESS Y-ST-ZIP					
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NAME ATTACE ADDRESS				NAJ CTD						
STREET ADDRESS CITY-ST-ZIP					EET ADORESS Y-ST-ZIP					
	codify that the	a Information auroalised with	this filing dose not qualify for			ined in Chanter 1	19 Florida Statutos I fi	irther certifi	that the infe	rmetico
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.										