

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAY -6 AM 8:55

DOCUMENT # M05000000427

1. Entity Name  
CYPRESS COMMUNICATIONS OPERATING COMPANY, LLC



Principal Place of Business  
4 PIEDMONT CENTER  
SUITE 600  
ATLANTA, GA 30305

Mailing Address  
4 PIEDMONT CENTER  
SUITE 600  
ATLANTA, GA 30305



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

58-2536853

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

TCS CORPORATE SERVICES INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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 \$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  
P  
SHINGLER, GREGORY  
15 PIEDMONT CENTER, SUITE 610  
ATLANTA, GA 30305 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGAM  
CYPRESS COMMUNICATIONS, INC.  
4 Piedmont Center, Suite 600  
ATLANTA, GA 30305 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
DRAKE, SCOTT L  
15 PIEDMONT CENTER, SUITE 610  
ATLANTA, GA 30305 ☒ Delete

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

TITLE  
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TITLE  
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☐ Change ☐ Addition

TITLE  
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TITLE  
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000128354500  
05/05/08--01003--030 \*\*288.75  
☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:

*Jack Harwood*

CYPRESS COMMUNICATIONS, INC.  
BY: JACK HARWOOD  
V.P. and Counsel

4/25/08

404-869-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #