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Apr 03, 2006 8:00 am
Secretary of State
01-23-2006 90141 049 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001246

1. Entity Name
CYPRESS MEADOWS ASSOCIATES, L.L.C.

Principal Place of Business	Mailing Address
820 MORRIS TURNPIKE, SUITE 301 SHORT HILLS, NJ 07078	820 MORRIS TURNPIKE, SUITE 301 SHORT HILLS, NJ 07078

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01082006 Chg-LLC CR2E063 (11/05)

4. FEI Number
22-3175961

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KINSLER, WARREN
6000 COMPTON ESTATES WAY
TAMPA, FL 33647

7. Name and Address of New Registered Agent

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 _____ DATE

Filing Fee is $60.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/MANAGER Warren Kinsler 6000 Compton Estates Way Tampa, FL 33647 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/MANAGER Zygmunt Wilf 820 Morris Turnpike Short Hills, NJ 07078 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/MANAGER Mark Wilf 820 Morris Turnpike Short Hills, NJ 07078 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Member/MANAGER Leonard Wilf 820 Morris Turnpike Short Hills, NJ 07078 ☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete

10. ADDITIONS / CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / 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 [illegible] authorized to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Warren Kinsler 1-11-06 (813)910-7914

Authorized and required NAME OF LIMITED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Business Phone #