

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003639

Entity Name: ENCORE CYPRESS LLC

FILED
Apr 30, 2010
Secretary of State

Current Principal Place of Business:

C/O SEAVEST, INC.
707 WESTCHESTER AVENUE-SUITE 401
WHITE PLAINS, NY 10604

New Principal Place of Business:

C/O SEAVEST, INC.
707 WESTCHESTER AVENUE-SUITE 401
WHITE PLAINS, NY 10604 US

Current Mailing Address:

C/O SEAVEST, INC.
707 WESTCHESTER AVENUE-SUITE 401
WHITE PLAINS, NY 10604

New Mailing Address:

C/O SEAVEST, INC.
707 WESTCHESTER AVENUE-SUITE 401
WHITE PLAINS, NY 10604 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ENCORE NURSING CENTER PARTNERS LIMITED PAR
Address: C/O SEAVEST, INC. 707 WESTCHESTER AVE.WHI
City-St-Zip: WHITE PLAINS, NY 10604

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DOUG RAY

MGR

04/30/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date