## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 09, 2006 8:00 am Secretary of State

DOCUMENT # M08000001783  1. Entity Name CYPRESS EXECUTIVE CENTER, LLC							01-09-2006 90051 050 ****55.00				
Principal Plac	o of Rusinoss		Mailing Address								
190 N. COMP FORT LAUDE	PASS DRIVE		190 N. COMPASS DRIVE FORT LAUDERDALE, FL 33308								
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01032006		CR2E	083 (11/05)	alled Face
City & State			City & State				4. FEI Numb	a35 198	4	No	plied For t Applicable
Zip	Country		Zip Coun		ntry	5. Certificate of Status Desired \$5.00 Additional Fee Required  7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent							7. Name an	d Address of New	Registered	1 Agent	
COPPOLA 190 N. CO FORT LAU	MPASS D			Name Street Address (P.O. Box Number is Not Acceptable)							
					City				F	Zip Cod	9
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											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered						ma indimen	witer resistantly	<u></u>	DATE		
Fi D	iling Fee i ue by Ma <sub>)</sub>	is \$50.00 y 1, 2006					Make check payable to Florida Department of State				
9.		MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	CHANGE	S	
TITLE NAME	MGR	N DAREDT	☐ Delete	TITL NAM				r compo	7. 22	Change	☐ Addition
NAME COPPOLA, ROBERT STREET ADDRESS -2601 EAST OAKLAND PARK BLV			۷D., #400	eet address	140	, N 914	dt-		1.00	<del>-</del>	
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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: - Patin M. Coppele 12/3,/05 (954)772-22										-2298	
	UKE: _										