



**FILE NOW: Fee after May 1, will be \$588.75**

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b>  <b>97 APR -7 AM 9:50</b>  <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>
<b>FILING FEE</b> <b>\$ 203.75</b>		<b>Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
<b>1. Name and Mailing Address of Limited Liability Company</b> <b>DOCUMENT #M96000000094</b> <b>CYPRESS RIDGE LIMITED LIABILITY COMPANY, L</b> <b>.C.</b> <b>3925 WEST 43RD STREET</b> <b>CHICAGO IL 60632</b>		<b>1a. Principal Place of Business Address</b> <b>3925 WEST 43RD STREET</b> <b>CHICAGO IL 60632</b>	
<small>If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.</small>			
<b>2. Principal Place of Business</b>		<b>3. Date Organized or Qualified</b>	
<b>2a. Mailing Address</b>		<b>3a. State of Formation</b>	
Suite, Apt. #, etc.		03/22/1996 DE	
City & State		<b>4. FEI Number</b>	
Zip		36-2946858	
Country		<input type="checkbox"/> Applied For	
		<input type="checkbox"/> Not Applicable	
		<b>5. Date of Last Report</b>	
		<b>6. Certificate of Status Desired</b>	
		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>		<b>8. Name and Address of New Registered Agent</b>	
<b>BROCK, GARY VAN</b> <b>12040 TIFFANY WAY</b> <b>TEQUESTA FL 33469</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		<b>FL</b>	
<b>9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.</b>			
<b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>10. Title</b>	<b>Managing Members/Managers</b>	<b>Business Street Address</b>	<b>City, State and Zip Code</b>
MGRM	DORNER, GREGG H	3925 WEST 43RD ST.	CHICAGO IL
MGR	GRAHAM, VINCENT J JR	3925 WEST 43RD ST.	CHICAGO IL
			<b>000002137770--0</b> <b>-04/09/97--01063--022</b> <b>****203.75 ****203.75</b>
 <b>SIGNATURE:</b> _____ <b>Vincent J. Graham, Jr.</b> <b>4/1/97</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small>			

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.