

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 27, 2005 08:00 AM
Secretary of State**

DOCUMENT # M98000000915

1. Entity Name
CYPRESS FINANCIAL CENTER - FBEC, L.L.C.



Principal Place of Business

**C/O HAGAN & ASSOCIATES
200 E. RANDOLPH DRIVE, SUITE 4322
CHICAGO, IL 60601**

Mailing Address

**C/O HAGAN & ASSOCIATES
200 E. RANDOLPH DRIVE, SUITE 4322
CHICAGO, IL 60601**



01122005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

52-2115602

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FLORIDA OFFICE PROPERTY COMPANY, INC.
STREET ADDRESS	200 EAST RANDOLPH DRIVE, SUITE 4300
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000200353
01/28/05-80024-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

**Ty Spearing, Vice President & Assistant
Secretary, Florida Office Property Company**

1/14/05

312 228 2960