

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 17, 2006 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



04102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
52-2115602

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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 re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000515615
04/29/06-80219-011 50.00

**DO NOT WRITE
IN THIS SPACE**

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 606, 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, Inc.
4/10/06
312.228.2960