	· · · · · · · · · · · · · · · · · · ·	USINESS REPO			0013436	
DOCUMENT # M9800001533 1. Entity Name K & S CYPRESS SPRINGS LLC				ÉILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
n a s ui	PRESS SPRINGS LLC			DIVISION OF CORPL	DRATIONS	
Principal Plac		Mailing Address		.00 FEB 15 PM	1:58	
7001 BRUSH HOLLOW ROAD			7001 BRUSH HOLLOW ROAD			
WESTBURY N	Y 11590	WESTBURY NY 11590-174	43		N ARNIN RAJAN MARALANARA NI ARA	
2 Principal B	Place of Business	3. Mailing Address				
·			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
Suite, Apt. #, etc.						
City & State		City & State		4. FEI Number 11-3464064 Applied For -		
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent		
NATIONSCORP REGISTERED AGENTS, INC.				Street Address (P.O. Box Number is Not Acceptable)		
526 EAST PARK AVENUE TALLAHASSEE FL 32301						
			City	FL Zip Code		
8. The above	named entity submits this state	ment for the purpose of changing its	s registered office or regist	ered agent, or both, in the State of Florida		
SIGNATURE	Signature, typed or printed name of register	ed agent and title if applicable. (NOT	E: Registered Agent signature requi	ed when reinstating)	DATE	
		1	OW!!! FEE IS \$50.00	1 4	-	
		Make Check Pa	yable to Department	of State		
9. TITLE	MANAGING	MEMBERS/MEMBERS	10. TITLE	ADDITIONS/CH/	ANGES	
NAME K & S CYPRESS SPRINGS CORP.		CORP.	NAME		Change Addition (6) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	
STREET ADDRESS CITY-ST-ZIP	7001 BRUSH HOLLOW RO WESTBURY NY 11590	AU 	STREET ADDRESS CITY-ST-ZIP			
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STREET ADDRESS			STREET ADOBESS CETY- ST- ZIP			
CITY-ST-ZIP TITLE	l <u></u>	Deiste	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STR <del>IET</del> ADDRESS	00000314	88109	
CITY-ST-ZIP		· <u>· ·</u>	CITY-\$T-ZIP	00000314 -02/28/00 *****50.0	01016022	
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TITLE		Deiste	TITLE		Change Addition	
NAME STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		NAME STREET ADDRESS			
CITY- ST-ZIP			CITY-ST-ZIP TITLE		Change Adultion	
TITLE		Deiste	NAME			
STREET ADORESS City-St-Zip			STREET ADDRESS City- ST- Zip			
indicated	I on this report is true and accura	ate and that my signature shall have	the same legal effect as i	Section 119.07(3)(i), Florida Statutes. I furt made under oath; that I am a managing	ner certify that the information member or manager of the	
limited lia	bility company or the receiver or	r trustee empowered to execute this	report as required by Cha	pter 608, Florida Statutes.	  .	
SIGNAT		EQUE REQU	IRED	2800 516		
		O OR PRINTED NAME OF SIGNING MANAGING	MEMBER OR MANAGER	Date	Daytime Phone #	