


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000070256 1. Entity Name CYPRESS CREEK LAND CORP.	
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Principal Place of Business 614 WEST SUPERIOR AVENUE ROCKEFELLER BLDG. #200 CLEVELAND, OH 44113	Mailing Address 614 WEST SUPERIOR AVENUE ROCKEFELLER BLDG. #200 CLEVELAND, OH 44113
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DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2099636	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent TATUM, THOMAS R 200 E. LAS OLAS BLVD. SUITE 1800 FT. LAUDERDALE, FL 33301

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROGER P O BOX 5765 SUN CITY CENTER, FL 33571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, MARCY 11111 BISCAYNE BLVD. PH 52 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MICHAEL L 20201 NORTH PARK BLVD SHAKER HTS, OH 44118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MICHAEL L 3634 GAVIOTA DR RUSKIN, FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/30/05-80001-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	Michael L. Miller President 6/29/05 216-696-3929
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>