

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P93000070256**

1. Entity Name  
CYPRESS CREEK LAND CORP.



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



03052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, ROGER P O BOX 5765 SUN CITY CENTER, FL 33571
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, MARCY 11111 BISCAYNE BLVD. PH 52 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, MICHAEL L 20201 NORTH PARK BLVD SHAKER HTS, OH 44118
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MICHAEL L 3634 GAVIOTA DR RUSKIN, FL 33573
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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03/21/07-80049-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael L. Miller President

Date

3/6/07

Daytime Phone #