

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 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



03132008 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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

U00000865885

04/08/08 00006 013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, ROGER
STREET ADDRESS	P O BOX 5765
CITY-ST-ZIP	SUN CITY CENTER, FL 33571

TITLE	VD
NAME	LEWIS, MARCY
STREET ADDRESS	11111 BISCAYNE BLVD. PH 52
CITY-ST-ZIP	MIAMI, FL

TITLE	P
NAME	MILLER, MICHAEL L
STREET ADDRESS	20201 NORTH PARK BLVD
CITY-ST-ZIP	SHAKER HTS. OH 44118

TITLE	VP
NAME	MILLER, MICHAEL L
STREET ADDRESS	3634 GAVIOTA DR
CITY-ST-ZIP	RUSKIN, FL 33573

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

Daytime Phone #

3/18/08 216-696-3929