## FILED Jul 03, 2003 8:00 am Secretary of State 07-03-2003 90030 002 \*\*\*150.00

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9960  1. Entity Name	0057283	SING				
1. Entity Name  CYPRESS PROPERTY NOVISORS, INC				80128472		
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 7700 Congress AVE	3. Mailing Address 7700 Congress Ave		7			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		7	DO NOT WRITE IN THIS SPACE		
City & State Roton, ILL	City A State			El Nymber 5-692 9048	Applied For Not Applicable	
233487 - Country	Zip 23487	Country	5. (	Certificate of Status Desired	\$8.75 Additional	
7-10-1-031	<del></del>	7. Name and Address of Current Registered Agent				
DO NOT WRITE Street Address (			<u>V S/4</u>	SILBERLING		
IN THIS SI		776	000	ox Number is Not Acceptable	3100	
	AOL	1			17-0-4	
	<u> </u>			aton F	L 33987	
8. The above named entity submits this statement for	or the purpose of changing its re	egistered office or regi	stered age	ent, or both, in the State of Florida.		
SIGNATURE				· · · · · · · · · · · · · · · · · · ·		
Signoture, typed of printed name of registered agent	I tonuen t tte	Registered Agent signature req Iy 1 Fee Is \$150.00	urred when re	instaling) DATI		
Tax filling requirement and elects to do so.  After May 1, Fi		, Fee Is \$550.00 UBR Is \$61.25		<ol> <li>Election Compaign Financing Trust Fund Contribution.</li> </ol>	\$5.00 May Be Added to Fees	
11. OFFICERS AND	Make Check Payable	e to Department of S	Stato			
		TITLE	<del></del> .	<del></del>		
KENNETH P. SILBTELING NET ADDRESS 7700 Congress Avenue, Svitc 3100 POCK ROTON, FL 33487		HAME STREET ADDRESS				
CITY-ST-ZIP BOCKBESTON,	FL 33487	CITY - ST - ZIP	· ·			
TIRE NAME		TITLE				
STREET AUDRESS CITY-ST-JIP		STREET ADDRESS CITY-ST-ZIP	•			
TITLE		TITLE	<del>-</del> -			
NAME STREET ADDRESS		NAME STREET ADDRESS				
CITY-SI-DP		CITY-ST-ZIP	٠,	DO NOT WR	IIE	
TITLE NAME		TITLE NAME		IN THIS SPA	CE	
STREET ADDRESS		STREET ADDRESS				
CITY-ST-UP		CITY-ST-ZP	<del></del>			
NAME	•	NAME				
STREET ADDRESS CITY-ST-ZIP	,	STREET ADORESS CITY+ST+ZP				
TITLE		TITLE	<del>'</del> -			
NAME STREET ADDRESS		STREET ADORESS	. , .		1	
CLIA - 21 - 185	·	CITY-ST-ZP				
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address, with all other like empowered.						
SIGNATURE:	$\sim$ $\kappa$	EN SILBERL	1NG	5/3402 561-997	-5777 x27	
SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING OFFICER OF			Date	Daytune Phone /	

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) Congress 80128471 DOCUMENT # P99000057283 CYPRESS PROPERTY ADVISORS, INC. Principal Place of Business Mailing Address 7700 W SYTRESS CREEK AVE 7700 TOTAL TRESS TREEK AVE #3100 # 3100 BOCA RATON, FL 33487 BOCA RATON, FL. 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 65-0929048 Not Applicable Zip Country Zip Country \$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name SILBERLING, KENNETH P 7700 W CYPRESS CREEK AVE Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33487 City FL Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent FILE NOWIL FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 1:1: F ☐ Change ☐ Addition ☐ Delete TITLE SILBERLING, KENNETH P NAME NAME 7700 W-6VPR500 STREET ADDRESS WE STE 3100 STREET ADDRESS BOO RATON, FL 33487 COY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Addition TITLE T) Delete 1ff LE NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP C/TY-5T-21P ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP Dekte TITLE TITLE □ Change Addition NAME NALAF STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NALAS STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP TITLE TRLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STIRRET ADDRESS CITY-ST-2IP CITY-ST-ZP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(). Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 receive or trustee empowered to execute this report as required by Chapter 507, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter, or or an attachment with an applicas, with all other little empowered. 6/24/03 561497-5777 KENNETH SILGERLING SIGNATURE:

corares