

A01000000930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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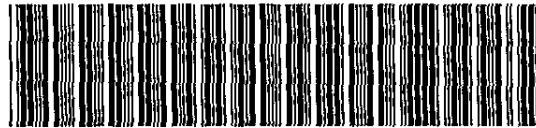
(Business Entity Name)

(Document Number)

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A01-930  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CYPRESS CREEK PROFESSIONAL PARK, LTD  
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** A01000000930

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

ROZ FRANKENSTEIN  
(Contact Person)

GENESIS DEVELOPMENT  
(Firm/Company)

505 E HILLSBORO BLVD.  
(Address)

DEERFIELD BEACH FL. 33411  
(City, State and Zip Code)

For further information concerning this matter, please call:

CAROLAN JACOBSON at ( 954 ) 290-7080  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. CYPRESS CREEK PROFESSIONAL PARK, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 7/11/2001  
Date of filing/registration in Florida

3. A01000000930  
Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GORDON JACOBSON  
Name

1314 E LAS OLAS, SUITE 300  
Address

FORT LAUDERDALE, FL 33301  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

GORDON JACOBSON  
Name

5605 E. HILLSBORO BLVD.  
Florida street address (P.O. Box not acceptable)

DEERFIELD BEACH FL 33441  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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