


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED

2007 MAY 10 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A0100000930		
1. Entity Name CYPRESS CREEK PROFESSIONAL PARK, LTD.		

Principal Place of Business 1314 E LAS OLAS, STE. 300 FORT LAUDERDALE, FL 33301	Mailing Address 1314 E LAS OLAS, STE. 300 FORT LAUDERDALE, FL 33301
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DO NOT WRITE IN THIS SPACE



04262007 No Chg-LP CR2E003 (12/06)

4. FEI Number 91-2145953	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 JACOBSON, GORDON 565 E. HILLSBORO BLD. DEERFIELD BEACH, FL 33441

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P01000068441
NAME	CYPRESS CREEK PROFESSIONAL PARK, INC.
STREET ADDRESS	1314 E LAS OLAS, STE. 300
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/15/07--01045--013 **500.00

DO NOT WRITE IN THIS SPACE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Gordon Jacobson Gordon JACOBSON 05-26-07 801-997-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE