

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # B92000000091**

1. Entity Name

**CYPRESS POINT OF SOUTH FLORIDA LIMITED PARTNERSH**

**RECEIVED**  
**JAN 09 2001**  
**FILED**  
 BY: \_\_\_\_\_  
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Principal Place of Business: **C/O B&B PROPERTIES, INC. 5750 I-55 FRONTAGE RD. N. JACKSON MS 39211**  
 Mailing Address: **% SERVICES-TAYLOR MADE-INC PO DRAWER 6097 FT. MYERS FL 33911**

**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number: **64-0815555**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**PRENTICE-HALL CORPORATION SYSTEMS, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 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 Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when restating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$1,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date.  
 11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	<b>P40583</b>
NAME	<b>B&amp;B PROPERTIES, INC.</b>
STREET ADDRESS	<b>4750 MCWILLIE DRIVE, SUITE 108</b>
CITY-ST-ZIP	<b>JACKSON MS 39206</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
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STREET ADDRESS	
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14. I hereby certify that the information supplied with this filing 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 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: *[Signature]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
 Date: 4/16/01  
 Daytime Phone # \_\_\_\_\_

CR2E003 (11/00)