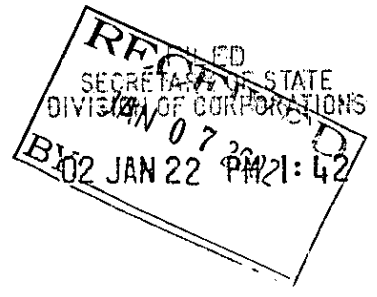


# 2002 UNIFORM BUSINESS REPORT (UBR)

0014635 AT

**DOCUMENT # B92000000091**

1. Entity Name  
**CYPRESS POINT OF SOUTH FLORIDA LIMITED PARTNERSH  
 IP**



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**



2. Principal Place of Business: **C/o Boston Capital One Boston Place Suite 2100 BOSTON, MA 02108 USA**

3. Mailing Address: **Suite, Apt. #, etc. City & State Zip Country**

**DUE BY MAY 1, 2002**

4. FEI Number: **64-0815555**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): **200004794672-2 -01/24/02--01031--006**  
 City: **\*\*\*141.2 FL #200041.25**

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 \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record: **\$1,000.00**

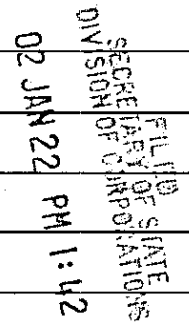
10. Amount of Capital Contributions in FLORIDA to date: \_\_\_\_\_

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>M01000000816</b>
NAME	<b>BCP CYPRESS POINT LLC</b>
STREET ADDRESS	<b>ONE BOSTON PLACE, SUITE 2100</b>
CITY-ST-ZIP	<b>BOSTON MA 02108</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	



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: **BCP CYPRESS POINT LLC 1256P**

**SIGNATURE REQUIRED**

Date: **1-9-02** Daytime Phone #: **617-624-8670**

CR2E003 (9/01)