

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 JUN 13 AM 9:40

DOCUMENT # B92000000091					
1. Entity Name CYPRESS POINT OF SOUTH FLORIDA LIMITED PARTNERSHIP					
Principal Place of Business % BOSTON CAPITAL ONE BOSTON PLACE, SUITE 2100 BOSTON, MA 02108			Mailing Address % SERVICES-TAYLOR MADE-INC PO DRAWER 6097 FT. MYERS, FL 33911		
2. Principal Place of Business		3. Mailing Address		 01112005 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				4. FEI Number 64-0815555	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Applied For Not Applicable	
7. Name and Address of New Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Name CORPORATION SERVICE COMPANY				Applied For Not Applicable	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
City Tallahassee, FL				Zip Code 32301	
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 CORPORATION SERVICE COMPANY by: <i>R. Blum</i> 06/08/2005 <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M01000000816		STREET ADDRESS		
NAME	BCP CYPRESS POINT LLC		CITY-ST-ZIP		
STREET ADDRESS	ONE BOSTON PLACE, SUITE 2100				
CITY-ST-ZIP	BOSTON, MA 02108				
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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					
BCP CYPRESS POINT LLC, DBS G.P					
SIGNATURE: <i>[Signature]</i>			Date: 6/25/05		Daytime Phone #: 617-624-8670
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE