

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

FILED

07 FEB 21 AM 9:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01192007 No Chg-LP CR2E003 (12/06)

**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
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>64-0815555</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE IN THIS SPACE**

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 *Valerie Vallée* Valerie Vallée 1-23-07  
Signature, typed or printed name of registered agent and date if applicable. DATE

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

400089032584  
02/23/07--01009--024 \*\*500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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: *Valerie Vallée* Valerie Vallée 1-23-07 239-936-0412  
Signature and typed or printed name of signing general partner Date Daytime Phone #