


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED  
Feb 22, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # B9200000091**

1. Entity Name  
CYPRESS POINT OF SOUTH FLORIDA LIMITED\*  
PARTNERSHIP



Principal Place of Business Mailing Address  
% BOSTON CAPITAL % SERVICES-TAYLOR MADE-INC  
ONE BOSTON PLACE, SUITE 2100 PO DRAWER 6097  
BOSTON MA 02108 FT. MYERS FL 33911



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt #, etc. Suite, Apt #, etc.

1st MOORE CR2E003 (10/07)

City & State City & State

4. FEI Number **64-0815555** Applied For  
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
CORPORATION SERVICE COMPANY  
1201 HAYS 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. I am familiar with, and accept the obligations of registered agent.  
SIGNATURE *Valerie Vallee* DATE **1-25-08**

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	M0100000816	STREET ADDRESS	
NAME	BCP CYPRESS POINT LLC	CITY-ST-ZIP	
STREET ADDRESS	ONE BOSTON PLACE, SUITE 2100		
CITY-ST-ZIP	BOSTON MA 02108		
DOCUMENT #		STREET ADDRESS	
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02/23/08-88047-015-500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 Vallee* DATE: **1-25-08** 239936042