

# 2002 UNIFORM BUSINESS REPORT (UBR)

142

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AV

DOCUMENT # A00000000265

1. Entity Name

CYPRESS CREEK EQUESTRIAN PARTNERS LIMITED PARTNE  
RSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

4/5/28

02 MAY 13 AM 9:56



Principal Place of Business

350 SOUTH COUNTY ROAD  
SUITE 201  
PALM BEACH FL 33480

Mailing Address

350 SOUTH COUNTY ROAD  
SUITE 201  
PALM BEACH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

See attached  
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARTNERSHIP MANAGAMENT SERVICES, INC.  
350 SOUTH COUNTY ROAD  
SUITE 201  
PALM BEACH FL 33480

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

Signature, typed or printed name of registered agent and title if applicable.

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 # P98000044859  
NAME PARTNERSHIP MANAGEMENT SERVICES, INC.  
STREET ADDRESS 350 SOUTH COUNTY ROAD SUITE 201  
CITY-ST-ZIP PALM BEACH FL 33480

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

STREET ADDRESS

CITY-ST-ZIP

100005504531--3  
-05/13/02--01006--005  
\*\*\*2535.00 \*\*\*141.25

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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/02

561-832-1299

CR2E003 (9/01)

Form **SS-4**(Rev. February 1990,  
Department of the Treasury  
Internal Revenue Service)**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

2 of 2

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)

Cypress Creek Equestrian Partners, LP

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)

350 S. County Road, Ste 201

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code

Palm Beach, FL 33480

5b City, state, and ZIP code

6 County and state where principal business is located

Palm Beach County, Florida

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ►

Partnership Management Services, Inc.

65-0592949

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

☐ Sole proprietor (SSN)☒ Partnership☐ Personal service corp.☐ REMIC☐ National Guard☐ State/local government☐ Farmers' cooperative☐ Church or church-controlled organization☐ Other nonprofit organization (specify) ►☐ Other (specify) ►☐ Estate (SSN of decedent)☐ Plan administrator (SSN)☐ Other corporation (specify) ►☐ Trust☐ Federal government/military

(enter GEN if applicable)

FILED  
STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
02 MAY 13 AM 9:568b If a corporation, name the state or foreign country  
(if applicable) where incorporated

State

Foreign country

9 Reason for applying (Check only one box.) (see instructions)

☒ Started new business (specify type) ►

Real Estate Development

☐ Hired employees (Check the box and see line 12.)☐ Created a pension plan (specify type) ►☐ Banking purpose (specify purpose) ►☐ Changed type of organization (specify new type) ►☐ Purchased going business☐ Created a trust (specify type) ►☐ Other (specify) ►

10 Date business started or acquired (month, day, year) (see instructions)

11/1/02

11 Closing month of accounting year (see instructions)

December

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ►

N/A

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) . . . . . ►

Nonagricultural

Agricultural

Household

0

0

0

14 Principal activity (see instructions) ► Real Estate Development

15 Is the principal business activity manufacturing? . . . . .

☐ Yes☒ No

If "Yes," principal product and raw material used ►

16 To whom are most of the products or services sold? Please check one box.

☐ Public (retail)☐ Other (specify) ►☐ Business (wholesale)☒ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .

☒ Yes☐ No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ► Jupiter Mini Storage, LP Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)

City and state where filed

4/26/99

Palm Beach, FL

Previous EIN

65-0913295

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Business telephone number (include area code)

561-832-1299

Fax telephone number (include area code)

561-832-4944

Name and title (Please type or print clearly.) ► W. Lawrence LeNeve, President of the GP.

Signature ►

Date ► 4/30/02

Note: Do not write below this line. For official use only.

Please leave  
blank ►

Geo.

Ind.

Class

Size

Reason for applying