

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0008289
AT

DOCUMENT # **A00000001295**

1. Entity Name
CYPRES RANE, LTD., LLLP

02 MAR -8 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**530 GRAND AVENUE
ORLANDO FL 32805**

Mailing Address
**530 GRAND AVENUE
ORLANDO FL 32805**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3611149 APPLIED FOR

Applied For
Not Applicable

DUE BY MAY 1, 2002

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WRIGHT, MICHAEL E ESQ
301 EAST PINE STREET, SUITE 1400
ORLANDO FL 32801**

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. **\$20,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,680,000**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000078413**
NAME **CYPRES RANE, INC.**
STREET ADDRESS **530 GRAND AVENUE**
CITY-ST-ZIP **ORLANDO FL 32805**

STREET ADDRESS
CITY-ST-ZIP **600005098866--0**
-03/13/02--01020--005
******526.25 ****526.25**

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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

SIGNATURE: **Robert C. Ferran**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/02

407-422-3551

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE