

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**



SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB 24 AM 10:33

DOCUMENT # A0000001295

1. Entity Name
CYPRES RANE, LTD., LLLP

Principal Place of Business
530 GRAND AVENUE
ORLANDO FL 32805

Mailing Address
530 GRAND AVENUE
ORLANDO FL 32805

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

AS



1st MOORE CR2E003 (10/05)

4. FEI Number **59-3666649**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **FERRAN, ROBERT C.**
Street Address (P.O. Box Number is Not Acceptable)
1906 NW 24th Street
City **Gainesville FL 32605**

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 *RCF* **2-11-06**
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000078413 CYPRES RANE, INC. 530 GRAND AVENUE ORLANDO FL 32805	STREET ADDRESS CITY-ST-ZIP	1906 NW 24th Street Gainesville, FL 32605
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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: *RCF* **2-11-06** **352-804-1478**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #