

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008987 AT

DOCUMENT # A00000001295
 1. Entity Name
CYPRES RANE, LTD., LLLP



FILED
 2003 MAR -3 AM 8:49

DIVISION OF CORPORATIONS
 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
 Suite, Apt. #, etc.

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

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **59-3666649**

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

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

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

9. Capital Contributions as Shown on record. **\$20,000,000.00**
1,680,000

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

11. MAKE CHECK PAYABLE TO FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000078413 CYPRES RANE, INC. 530 GRAND AVENUE ORLANDO FL 32805
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	400013336794 03/03/03--01058--005 **526.25
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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 2/25/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)