

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A01000000930

1. Entity Name
 CYPRESS CREEK PROFESSIONAL PARK, LTD.



Principal Place of Business
 1314 E LAS OLAS, STE. 300
 FORT LAUDERDALE, FL 33301

Mailing Address
 1314 E LAS OLAS, STE. 300
 FORT LAUDERDALE, FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04222004 Chg-LP CR2E003 (10/03)

4. FEI Number
 91-2145953

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBSON, GORDAN
 1314 E LAS OLAS, STE. 300
 FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name JACOBSON, GORDON

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

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

DATE

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

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 # P01000068441
 NAME CYPRESS CREEK PROFESSIONAL PARK, INC.
 STREET ADDRESS 1314 E LAS OLAS, STE. 300
 CITY-ST-ZIP FORT LAUDERDALE, FL 33301

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

04 JUN -4 PM 2:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



STAPLE CHECK HERE

4/19/04 954-290-7080