60/6
CR2F039

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
LIMITED PARTNERSHIP REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED	
DOCUMENT # ADI 00000930 1. Name of Limited Partnership CYPRESS CREEK PROFESSIONAL PARK LTD.		2003 NOV 21 PM 3: 19 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA 11/25/03-01050-025 ***8.75	
- 1 SW - 1 July - 1			
2. Principal Office Address 134 E LAS OLAS	3. Mailing Office Address 134ELAS QAS	4. Date Formed or Registered To Do Business in Florida 5/2001	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number Applied For	
SUITE 300	Suite 300	91-2145953 Not Applicable	
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
FORT CANDURALE PL	FORT LAUDERDALE PL	for a Certificate of Status	
Zip Country 38301 USA	Zip Country 33301 () SA	7a. Capital Contributions as shown on Record:	
		7b. Amount of Capital Contributions in FLORIDA to date:	
8. Name and Address of Name	f Current Registered Agent		
GORRAN JACOBSON		FEES: 1.) Filling Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered	
Street Address (P.O. Box Number is Not Acceptable)		in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.	
13/4 E LAS OLAS BLVI	<u>D</u> .	2.) Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.	
Suite 300		3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.	
FORT LAMOERDALE	State Zip Code FL 3330)	 Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 	
9. Pursuant to the provisions of sections 620,1051 and 620.1	192. For da Satutes, the above-named limited partnership orga	nanized or registered under the laws of the State of Elocida, submits this statement	
9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or legistered ligent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 629.192. Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)	A LANGE DA	DATE 11-05-03	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code 10a. Registration Document Number	
SYPRESS CREEK PROFESSIONAL PHAN		DOCUMENT Number	
INC.	SUITE 300	3330)	
	FORT LAUDERDALCH		
• Σ	7777		
\$_ \$_		200025038682 11/25/03-01050-026 **141.25	
•		11/25/0301050026 **141.25	
Note: General partners MAY NOT	he changed on this form: an amend	ment must be filed to change a general narriner	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 11. I do hereby certify that the internation supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of			
Corporations from any liability of non-pompliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and acceptate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute his leport as required by chapter 620, Florida Statutes.			
SIGNATURE	_	DATE 11-05-03	

Typed or Printed Name of General Partner Signing Form (2018)

_____ DATE 11-05-03 Telephone Number 954-790-7080



DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

565 E. HILLSBORO BLVD. DEERFIELD BEACH FLORIDA 33441 PHONE 954.421.4200 FAX 954.427.4592

November 20, 2003

Department of State Division of Corporations Attn: Partnership Section Po Box 6327 Tallahassee, FL 32314

Re: Reinstatement Application for Cypress Creek Prof Park, LTD.

To whom it may concern:

Attached is the completed reinstatement application for Cypress Creek Professional Park, Ltd., along with the quoted fee of \$141.25. Due to the reinstatement that was in process for the 2002 report in March of this year, a second notice was never received or mailed to this partnership regarding the 2003 filing. Per my conversation with your office the fee for reinstatement is \$141.25.

I would appreciate your cooperation with processing this reinstatement and will make every effort in the future towards a more timely filing.

Sincerely.

Adam Clarke Controller/Seawood Builders, Inc.

Encl.



FILED 2003 NOV 21 PM 3: 19

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE :

332977 7409435

AUTHORIZATION :

COST LIMIT : \$

ORDER DATE: November 21, 2003

ORDER TIME :

1:36 PM

ORDER NO. : 332977-005

CUSTOMER NO:

7409435

CUSTOMER: Mr. Adam Clarke

Seawood Builders Inc. 565 E. Hillsboro Blvd.

Deerfield Beach, FL 33441

DOMESTIC FILINGS

NAME: CYPRESS CREEK PROF PARK, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS