

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001283

1. Entity Name
FORT LAUDERDALE CY II, LTD.



Principal Place of Business

**ONE S.E. THIRD AVENUE, SUITE 3050
MIAMI, FL 33131**

Mailing Address

**ONE S.E. THIRD AVENUE, SUITE 3050
MIAMI, FL 33131**



01042007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0714163

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSENBERG, DONALD S
ONE S.E. THIRD AVENUE, SUITE 3050
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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 # **L02000024098**
NAME **KGN/BRADLEY ASSOCIATES FLORIDA, LLC**
STREET ADDRESS **ONE S.E. THIRD AVENUE, SUITE 3050**
CITY-ST-ZIP **MIAMI, FL 33131**

DOCUMENT # **L02000014933**
NAME **CY GENERAL PARTNER, LLC**
STREET ADDRESS **1065 KANE CONCOURSE, SUITE 201**
CITY-ST-ZIP **BAY HARBOR ISLANDS, FL 33154**

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04/27/07-80053-003 508.75

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:

Theresa Joseph
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-16-07

312-819-6982

STAPLE CHECK HERE