

A03000001504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

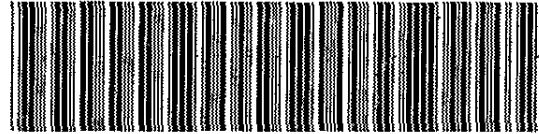
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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations
SUBJECT: HPT-CYPRESS GROVE ASSOCIATES, LTD
(Name of Limited Partnership or Limited Liability Limited Partnership)

DOCUMENT NUMBER: A03000001504

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

EUGENE E. SERRA
(Contact Person)
HOUSING PRESERVATION TRUST, INC.
(Firm/Company)
4813 MCKINLEY STREET
(Address)
HOLLYWOOD, FL 33021
(City, State and Zip Code)

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For further information concerning this matter, please call:

EUGENE E. SERRA at (954) 663-9800
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. HPT-CYPRESS GROVE ASSOCIATES, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/23/2003

Date of filing/registration in Florida

3. A03000001504

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LOUISE ALLEN, ESQ.

Name

200 EAST BROWARD BOULEVARD SUITE 1900

Address

FORT LAUDERDALE FL 33301

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

BRIAN MCDONOUGH, ESQ.

Name

150 W. Flagler Street, Suite 2200

Florida street address (P.O. Box not acceptable)

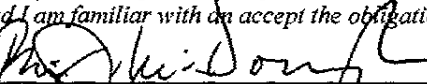
MIAMI FL 33130

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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