


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

900.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG 14 AM 9:52

DOCUMENT # A04000000456 1. Entity Name CYPRESS MARIGOLD, LTD.	
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Principal Place of Business 1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143	Mailing Address 1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



05012006 Chg-LP CR2E003 (11/05)

4. FEI Number APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HIGIER, GERALD M 1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	13. ADDRESS CHANGES ONLY
DOCUMENT # L04000022033 NAME SOLIVITA ASSOCIATES, LLC STREET ADDRESS 1541 SUNSET DRIVE, #300 CITY-ST-ZIP CORAL GABLES, FL 33143	STREET ADDRESS CITY-ST-ZIP
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STAPLE CHECK HERE

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: *Gerald M. Higier* **Gerald M. Higier** 8/11/06 (305) 666-2140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #