


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAY 13 AM 8:14

DOCUMENT # A04000000456		
1. Entity Name PRII CYPRESS MARIGOLD, LTD.		

Principal Place of Business 1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143	Mailing Address 1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143
--	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03172008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR		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		7. Name and Address of New Registered Agent	
HIGIER, GERALD M 1541 SUNSET DRIVE, #300 CORAL GABLES, FL 33143		Name	
		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	DATE
-----------	------

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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	STREET ADDRESS	
NAME	CYPRESS MARIGOLD, LLC	CITY-ST-ZIP	600128791146 05/08/08--01009--021 **\$38.75
STREET ADDRESS	1541 SUNSET DRIVE, #300		
CITY-ST-ZIP	CORAL GABLES, FL 33143		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: 	Date: 4/17/08	Daytime Phone #: 305-666-2140
--	---------------	-------------------------------