

AO 400000/105

2005 23 P 2 13

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(Business Entity Name)

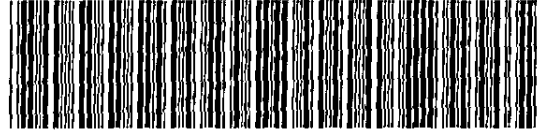
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

FILED  
JUN 28 P 2:13

**SUBJECT:** Cypress SS Limited Partnership  
(Name of Limited Partnership)

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/17/01 BY 60324

The enclosed Supplemental Affidavit and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW FENEDICK  
(Name of Person)

MINDFUL MANAGEMENT LLC  
(Firm/Company)

8135 LAKE WORTH ROAD-STE B  
(Address)

LAKE WORTH FLORIDA 33467  
(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW FENEDICK  
(Name of Person)

at (561) 357-0121 EXT 302  
(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

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

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR A  
FLORIDA LIMITED PARTNERSHIP**

The undersigned general partners of

Cypress SS Limited Partnership, a  
Florida Limited Partnership, executed this supplemental affidavit filed pursuant to section 620.112,  
Florida Statutes.


The total amount of the capital contributions of the limited partners is: \$ 2,660,000.

This 19th day of April, 2005.

**FURTHER AFFIANT SAYETH NOT.**

*Under penalties of perjury, I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.*

General Partner(s)

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><b>Fees:</b> \$7 per \$1000, based on additional contributions Minimum \$ 52.50 Maximum \$1750.00</p>
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**Make checks payable to Florida Department of State and mail to:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314