2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A06000001142 1. Entity Name CYPRESS INVESTMENT PARTNERS, L.P. 2007 MAR - 1 AM 10: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3300 UNIVERSITY DRIVE, SUITE 311 3300 UNIVERSITY DRIVE, SUITE 311 CORAL SPRINGS, FL 33065 CORAL SPRINGS, FL 33065 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232007 CR2E003 (12/06) Chg-LP City & State City & State 4 FEI Number Applied For 20-5665023 Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **DURKIN, EDWARD** 3300 UNIVERSITY DRIVE, SUITE 311 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL 33065 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 EA Signature, typed or printed name of registered agent and title if applicable 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 ADDRESS CHANGES ONLY 13 DOCUMENT # L06000096096 STREET ADDRESS MAME CYPRESS INVESTMENT MANAGEMENT, LLC STREET ADDRESS 3300 UNIVERSITY DRIVE, SUITE 311 CITY - ST - ZIP CITY-ST-ZIP CORAL SPRINGS, FL 33065 DOCUMENT / STREET ADDRESS NAME STREET ADORESS 500091017 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHECK HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZWP CITY-ST-ZIP 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: Edward Our bin 2-24-07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone

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