

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

487.55  
550.00

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 JAN 22 PM 12:45



1. Name of Limited Partnership	1a. DOCUMENT # A22105
CYPRESS ASSOCIATES, LTD.	

Mailing Address % HIDARY ASSET MANAGEMENT, INC. 955 CONEY ISLAND AVE., STE. 200 BROOKLYN NY 11230	Principal Office Address % HIDARY ASSET MANAGEMENT, INC. 955 CONEY ISLAND AVE., STE. 200 BROOKLYN NY 11230	3. Date Formed or Registered 02/25/1986	5a. Capital Contributions as Shown on record. \$1,500,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/20/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 13-3332160 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent WILLIAM E. CLEMENTS JR. REAL ESTATE INVEST MENT & MANAGEMENT 2700 N. 29TH AVE. #205 HOLLYWOOD FL 33020	10. If changed, new Registered Agent/Office Name Key Corp Services, Inc. Street Address (P.O. Box Number Is Not Acceptable) 200 S. Biscayne Blvd. Suite, Apt. #, etc. 20th Floor City Miami Zip Code FL 33131
--	---

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) H&G ASSOCIATES - amend 9-30-97 H&G II Associates, L.L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 955 CONEY ISL AVE, #200	11b. City, State & Zip Code BROOKLYN NY	11c. Registration/ Document Number -B03000000206- M97000000651 200002413782-2 -02/03/98-01053-007 ****550.00 ****550.00 KWM/cws
--	---	--	--

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/30/97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)