

# 2000 UNIFORM BUSINESS REPORT (UBR)

535

DOCUMENT # A22105

1. Entity Name

CYPRESS ASSOCIATES, LTD.

FILED

00 MAY 30 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1333 BROADWAY, SUITE 1202  
NEW YORK NY 10018

Mailing Address  
1333 BROADWAY, SUITE 1202  
NEW YORK NY 10018-7212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3332160

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEY CORPORATE SERVICES, INC.  
200 SOUTH BISCAYNE BLVD., 20TH FLOOR  
MIAMI FL 33131

Name: Key Corporate Services Inc  
Street Address (P.O. Box Number is Not Acceptable)  
40 Gunster Parkway  
2 South Biscayne Blvd, 34th Fl  
City: Miami FL Zip Code: 33131

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$1,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 # M97000000651  
NAME H & G II ASSOCIATES, L.L.C.  
STREET ADDRESS 1333 BROADWAY, SUITE 1202  
CITY - ST - ZIP NEW YORK NY 10018

STREET ADDRESS

CITY - ST - ZIP

600003296876--4  
08/20/00 01044 002  
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/00

Date

24-567-9200

Daytime Phone #