

2001 UNIFORM BUSINESS REPORT (UBR)

0017431 AF

DOCUMENT # **A22105**

1. Entity Name

CYPRESS ASSOCIATES, LTD.

FILED

01 APR 30 PM 12: 22

Principal Place of Business

1333 BROADWAY, SUITE 1202
NEW YORK NY 10018

Mailing Address

1333 BROADWAY, SUITE 1202
NEW YORK NY 10018

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3332160

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KEY CORPORATE SERVICES, INC.
C/O GUNSTER YOAKLEY
2 SOUTH BISCAYNE BLVD., 34TH FLOOR
MIAMI FL 33131

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.

SIGNATURE

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

(NOT: 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

DOCUMENT #
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*****\$535.00 ***\$535.00**

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CITY-ST-ZIP

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/01
Date

212-563-9200
Daytime Phone #

CR2E003 (11/00)