


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

PRICE HIGHLIGHTED ON PAGE 2

DOCUMENT # A22105			
1. Entity Name CYPRESS ASSOCIATES, LTD.			
Principal Place of Business 65 WEST 36TH STREET, SUITE 1200 NEW YORK, NY 10018		Mailing Address 65 WEST 36TH STREET, SUITE 1200 NEW YORK, NY 10018	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent KEY CORPORATE SERVICES, INC. C/O GUNSTER YOAKLEY 2 SOUTH BISCAYNE BLVD., 34TH FLOOR MIAMI, FL 33131		7. Name and Address of New Registered Agent Name: <u>GUNSTER, YOAKLEY & STEWART P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2 S. BISCAYNE BLVD, STE. 3400</u> <u>ATTN: EDGAR LEWIS</u> City: <u>MIAMI</u> FL Zip Code: <u>33131-1897</u>	
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: <u>GUNSTER YOAKLEY & STEWART P.A.</u> <u>EDGAR LEWIS</u> DATE: <u>8/2/04</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$1,500,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
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	STREET ADDRESS	
NAME	H & G II ASSOCIATES, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	65 WEST 36TH STREET, SUITE 1200		
CITY-ST-ZIP	NEW YORK, NY 10018		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
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: <u>[Signature]</u>		Date: <u>8/9/04</u> Daytime Phone #: <u>212-563-9200</u>	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
555.00
04 AUG 12 PM 1:38

LL 08/27/04

RE TO TSS
P. 4
On 7/16/04
CYP



07012004 Chg-LP CR2E003 (10/03)

4. FEI Number
13-3332160
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

STAPLE CHECK HERE