

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

APR 19 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                                 |                     |                                 |  |  |
|---|---------------------------------|---------------------|---------------------------------|--|--|
| <b>DOCUMENT # A22105</b><br>1. Entity Name<br>CYPRESS ASSOCIATES, LTD.  |                                 |                     |                                 |   |  |
| Principal Place of Business<br>65 WEST 36TH STREET, SUITE 1200<br>NEW YORK, NY 10018  |                                 |                     |                                 | Mailing Address<br>65 WEST 36TH STREET, SUITE 1200<br>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   |                                 |                     |                                 | 7. Name and Address of New Registered Agent  |  |
| GUNSTER, YOAKLEY & STEWART P.A.<br>2 S. BISCAYNE BLVD., STE. 3400<br>ATTN: EDGAR LEWIS<br>MIAMI, FL 33131-1897  |                                 |                     |                                 | Name<br>Valdes - Fauli Corporate Services Inc.<br>Street Address (P.O. Box Number is Not Acceptable)<br>2 South Biscayne Blvd<br>Suite 3400<br>City<br>Miami |  |
| 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.   |                                 |                     |                                 | 4. FEI Number<br>13-3332160  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |                                 |                     |                                 | Applied For<br>Not Applicable  |  |
| 9. Capital Contributions as Shown on record. \$1,500,000.00   |                                 |                     |                                 | 10. Amount of Capital Contributions in FLORIDA to date.  |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                 |                     |                                 |  |  |
| 12. GENERAL PARTNER INFORMATION   |                                 |                     | 13. ADDRESS CHANGES ONLY        |  |  |
| DOCUMENT #  | M97000000651                    |                     | STREET ADDRESS                  | 100054031171   |  |
| NAME  | H & G II ASSOCIATES, L.L.C.     |                     | CITY-ST-ZIP                     | 05/06/05--01115--001 **535.00  |  |
| STREET ADDRESS  | 65 WEST 36TH STREET, SUITE 1200 |                     | STREET ADDRESS                  |  |  |
| CITY-ST-ZIP   | NEW YORK, NY 10018              |                     | CITY-ST-ZIP                     |  |  |
| DOCUMENT #  |                                 |                     | STREET ADDRESS                  |  |  |
| NAME  |                                 |                     | CITY-ST-ZIP                     |  |  |
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| STREET ADDRESS  |                                 |                     | STREET ADDRESS                  |  |  |
| CITY-ST-ZIP   |                                 |                     | 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: <i>Robt J. Kelly</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |                                 |                     | Date: 4/5/05<br>Daytime Phone # |  |  |

STAPLE CHECK HERE