

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22105**

1. Entity Name
CYPRESS ASSOCIATES, LTD.



FILED
03 APR 16 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MIJH

Principal Place of Business **65 WEST 36TH STREET**
1333 BROADWAY, SUITE 1202
NEW YORK NY 10018 ✓
Mailing Address **65 WEST 36TH STREET**
1333 BROADWAY, SUITE 1202
NEW YORK NY 10018 ✓



2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 13-3332160	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **JONAH GOLDSCHMIDT** DATE: **4/4/03**

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 FL. 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	STREET ADDRESS	
NAME	H & G II ASSOCIATES, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	1333 BROADWAY, SUITE 1202		
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: *[Signature]* **JONAH GOLDSCHMIDT** DATE: **4/4/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

0006350 AT

CR2E003 (10/02)