

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 13 AM 9:29

mtm  
12/17

1. Name of Limited Partnership

1a. DOCUMENT #  
**A27393**

**CYPRESS ASSOCIATES OF PENNSYLVANIA, LTD.**

Mailing Address  
SIX PPG PLACE  
SUITE 1110  
PITTSBURGH PA 15222

Principal Office Address  
SIX PPG PLACE  
SUITE 1110  
PITTSBURGH PA 15222

3. Date Formed or Registered

11/16/1988

5a. Capital Contributions as  
Shown on record.

\$3,950,000.00

3a. Date of Last Report

02/19/1996

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

PA

2. Mailing Address

650 Alpha Drive  
Suite, Apt. #, etc.

2a. Principal Office Address

650 Alpha Drive  
Suite, Apt. #, etc.

City & State

Pittsburgh, PA

City & State

Pittsburgh, PA

Zip

15238

Country

Allegheny

Zip

15238

Country

Allegheny

6. FEI Number

25-1587280

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

600002042846--0

Suite, Apt. #, etc.

-12/31/96--01086--016

City

\*\*\*\*576.25 \*\*\*\*576.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

PERR, JOEL S.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

SIX PPG PLACE, S-1110

11b. City, State & Zip Code

PITTSBURGH PA

11c. Registration/  
Document Number

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Joel S. Perr

Daytime Telephone Number

412-963-9060

CR2E003 (6/96)