

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0008278
AT

DOCUMENT # **A30181**

1. Entity Name

CYPRESS HOTEL MELBOURNE, LTD.

02 APR 22 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2250 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804-4801

Mailing Address

2250 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804-4801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
4401 Vineland Road, Suite A16-17
Orlando, Florida 32811

City & State
4401 Vineland Road, Suite A16-17
Orlando, Florida 32811

4. FEI Number
59-3015315

Applied For
Not Applicable

Zip
Orlando, Florida 32811

Zip
Orlando, Florida 32811

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, LARRY K.
2250 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804

Name

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

City
4401 Vineland Road, Suite A16-17

Orlando, Florida 32811

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.

DATE

9. Capital Contributions as Shown on record. \$1,100,000.00

10. Amount of Capital Contributions in FLORIDA to date. 526.25

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
G00293900147
CYPRESS ASSOCIATES
2250 N. ORANGE BLOSSOM TRAIL
ORLANDO FL 32804

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

THOMAS E. MCINLYN

4.10.02

(407) 539 3939

Date

Daytime Phone #

CR2E003 (9/01)