

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB -2 AM 11:15

DOCUMENT # A32140

1. Entity Name
CYPRESS LANE APARTMENTS LIMITED PARTNERSHIP



Principal Place of Business Mailing Address

~~4400 BAYOU BLVD.~~ ~~4400 BAYOU BLVD.~~
~~SUITE 6B~~ ~~SUITE 6B~~
~~PENSACOLA, FL 32503~~ ~~PENSACOLA, FL 32503~~

2. Principal Place of Business 3. Mailing Address

7282 Plantation Rd. 7282 Plantation Rd.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 403 Suite 403
 City & State City & State
Pensacola, FL Pensacola, FL
 Zip Country Zip Country
32504 USA 32504 USA



01162006 Chg-LP CR2E003 (11/05)

4. FEI Number Applied For
64-0806104 Not Applicable

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

6. Name and Address of Current Registered Agent

FLEMING, EDWARD P
~~4300 BAYOU BLVD.~~ 25 W. Government St.
~~SUITE 12-13~~ Pensacola, FL 32502
~~PENSACOLA, FL 32503~~

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #		STREET ADDRESS	
NAME	TIPPENS, GARY	CITY-ST-ZIP	
STREET ADDRESS	4400 BAYOU BLVD. SUITE 6B		
CITY-ST-ZIP	PENSACOLA, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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 02/15/06--01005--015 **500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 1/26/06 850-484-2906

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE