

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR 31 AM 9:59

DOCUMENT # A94000001614

1. Entity Name
 TRICONY CYPRESS ASSOCIATES, LTD.



Principal Place of Business
 313 1/2 WORTH AVE.
 BUILDING B
 PALM BEACH, FL 33480

Mailing Address
 313 1/2 WORTH AVE.
 BUILDING B
 PALM BEACH, FL 33480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004

Chg-LP

CR2E003 (10/03)

City & State

City & State

4. FEI Number

65-0557501

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MICHAEL TORRES
 C/O TRICONY MGT., LLC
 313 1/2 WORTH AVE., STE. B-1
 PALM BEACH, FL 33480

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

DATE

9. Capital Contributions
 as Shown on record.

\$5,770,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

5,770,000.00

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 # P94000023505
 NAME TRICONY FLORIDA CORP.
 STREET ADDRESS 313 1/2 WORTH AVE., BLDG B
 CITY-ST-ZIP PALM BEACH, FL 33480

STREET ADDRESS

400032839974

CITY-ST-ZIP

04/15/04--01021--018 **263.12

DOCUMENT #
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 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

400032839974

CITY-ST-ZIP

04/15/04--01021--019 **263.13

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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

Date

Daytime Phone #

STAPLE CHECK HERE