

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A94000001614

1. Entity Name
TRICONY CYPRESS ASSOCIATES, LTD.



Principal Place of Business

313 1/2 WORTH AVE. - Suite B-1
PALM BEACH, FL 33480

Mailing Address

313 1/2 WORTH AVE. - Suite B-1
PALM BEACH, FL 33480

FILED

2007 APR 23 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03222007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0557501

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Michael Torres

DATE

4-5-07

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

500101349355
05/03/07--01013--021 **500.00

**DO NOT WRITE
IN THIS SPACE**

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:

Michael Torres

Date

Daytime Phone #

4-5-07 (561)832-7088

STAPLE CHECK HERE