

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 APR -4 AM 9:03



BK 4/4/97

1. Name of Limited Partnership CYPRESS EQUITY FUND, LTD.		1a. DOCUMENT # A95000000925	
Mailing Address C/O CYPRESS EQUITY FUND MANAGEMENT CORP. 300 SOUTH ORANGE AVE., STE. 1200 ORLANDO FL 32801	Principal Office Address C/O CYPRESS EQUITY FUND MANAGEMENT CORP. 200 SOUTH ORANGE AVE., STE. 1200 ORLANDO FL 32801	3. Date Formed or Registered 06/21/1995	5a. Capital Contributions as Shown on record. \$16,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/02/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$2,287,288
Suite, Apt. #, etc. 390 N. Orange Ave, Ste 1300	Suite, Apt. #, etc. 390 N Orange Ave, Ste 1300	4. State or Country of Formation FL	6. FEI Number 59-3320615 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country		

9. Name and Address of Current Registered Agent CYPRESS EQUITY FUND MANAGEMENT CORP. SUN BANK CENTER 200 SOUTH ORANGE AVE., STE. 1200 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 390 N Orange Ave, Suite 1300 Suite, Apt. #, etc. City FL Zip Code
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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) *David Franklin - President* DATE **4/3/97**

**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) CYPRESS EQUITY FUND MANAGEME	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 200 SOUTH ORANGE AVE. 390 NORTH 390 N. Orange Ave Ste 1300	11b. City, State & Zip Code ORLANDO FL 32801	11c. Registration/Document Number N94000003341
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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 *David Franklin* President DATE **4/13/97**
Typed or Printed Name of General Partner Signing Form **David G. Franklin** Daytime Telephone Number **407 316 4652**

CR2E003 (1/1/96)