

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A95000000925**

1. Entity Name
CYPRESS EQUITY FUND, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 26 AM 3:05

Principal Place of Business
C/O CYPRESS EQUITY FUND MANAGEMENT CORP.
390 NORTH ORANGE AVE., SUITE 1300
ORLANDO FL 32801

Mailing Address
C/O CYPRESS EQUITY FUND MANAGEMENT CORP.
390 NORTH ORANGE AVE., SUITE 1300
ORLANDO FL 32801-1641



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-3320615** Applied For
Not Applicable

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

PAGE, THOMAS P ESQ
CYPRESS EQUITY FUND MANAGEMENT CORP.
390 NORTH ORANGE AVE., SUITE 1300
ORLANDO FL 32801

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$16,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$14,478,068.00**

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 # **N94000003341**
NAME **CYPRESS EQUITY FUND MANAGEMENT CORP.**
STREET ADDRESS **390 NORTH ORANGE AVE., STE. 1300**
CITY - ST - ZIP **ORLANDO FL 32801**

STREET ADDRESS

CITY - ST - ZIP **300003245873--6**

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 REQUIRED** *Thomas P. Page* **4/7/00** **(407) 316-4520**

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

CR2E003 (9/99)