

# 2001 UNIFORM BUSINESS REPORT (UBR)

0002029 AF

DOCUMENT # **A95000000925**

1. Entity Name

**CYPRESS EQUITY FUND, LTD.**

FILED

01 APR 27 PM 3: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
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  
**PAGE, THOMAS P ESO**  
**CYPRESS EQUITY FUND MANAGEMENT CORP.**  
**390 NORTH ORANGE AVE., SUITE 1300**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
Name **William L. Kean**  
Street Address (P.O. Box Number is Not Acceptable)  
**390 N. Orange Ave., Suite 1300**  
City **Orlando** FL Zip Code **32801**

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 *[Signature]* DATE **4/20/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Amount of Capital Contributions in FLORIDA to date.

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>9000004194375-7</b>
CITY-ST-ZIP	<b>-05/10/01--01120--019</b> <b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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]* DATE **4/19/01** DAYTIME PHONE # **407/316-4600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)