

A950WW0 980

GLOBAL RESEARCH NETWORK
(Requestor's Name)

1704 Townsville Rd. #123
(Address)

TALLAHASSEE, FL 32303 222-4158
(City, State, Zip) (Phone #)

OFFICE USE ONLY

700001530827
-07/06/95--01034--045
*****84.00 *****84.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CC CYPRESS, LIMITED
(Corporation Name)

(Document #) W43 000013233

2. _____
(Corporation Name)

(Document #)

3. _____
(Corporation Name)

(Document #)

700001530827
-07/06/95--01034--045
*****3.50 *****3.50

4. _____
(Corporation Name)

(Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

☐ Mail out ☒ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

6/28/95
h/l
G. TAX
FILING 52.00
R. AGENT FEE 35.00
C. COPY _____
TOTAL 87.00
N. BANK _____
BALANCE DUE _____
REFUND _____

Examiner's Initials

h/l

**CERTIFICATE OF LIMITED PARTNERSHIP OF
CC CYPRESS, LTD.,
A FLORIDA LIMITED PARTNERSHIP**

The undersigned general partner of American Land Housing Group, Ltd. (the "General Partner") desires to form a partnership pursuant to the Florida Revised Uniform Limited Partnership Act as set forth in Chapter 620 of the Florida Statutes, hereby states the following:

1. The name of the Partnership is CC Cypress, Ltd.
2. The address of the office of the Partnership is 168th Street, North Miami Beach, Florida 33169.
3. The name and address of the agent for service of process of the Partnership is CC Cypress, Inc., 65 NW 168th Street, North Miami Beach, Florida 33169.
4. The name and business address of the General Partner is CC Cypress, Inc., 65 NW 168th Street, North Miami Beach, Florida 33169.
5. The mailing address of the Partnership is 65 NW 168th Street, North Miami Beach, Florida 33169.
6. The latest date upon which the Partnership shall dissolve is no later than December 31, 2045, unless the Partners agree to extend the term.
7. This Certificate shall be effective upon the filing of this Certificate with the State of Florida, Department of State.

This Certificate is duly executed and is being filed in accordance with section 620.108 of the Florida Revised Uniform Limited Partnership Act (1986).

The execution of this Certificate by the undersigned General Partner constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed by the General Partner of CC Cypress, Ltd. this 26th day of June, 1995.

By: 

Baby Behar, Vice President of CC Cypress, Inc., the General Partner of CC Cypress, Ltd.

FILED
DEPT. OF STATE
CORPORATIONS
DIVISION
65 JUN 28 PM 3:06
65 JUN 28 PM 3:06
FILED
DEPT. OF STATE
CORPORATIONS
DIVISION

AFFIDAVIT OF CAPITAL CONTRIBUTION

STATE OF FLORIDA

COUNTY OF DADE

I, Saby Behar, as Vice President of CC Cypress, Inc., which corporation is the General Partner of CC Cypress, Ltd., a Florida limited partnership, hereinafter referred to as the "Partnership," being duly sworn, certifies as follows:

1. The anticipated amount of capital contributions to the Partnership to be made by its Limited Partners is \$ 7,000.00.

Under penalties of perjury I declare that the foregoing facts are true to the best of my knowledge and belief.

Dated: June 26, 1995.

By: [Signature]

Saby Behar, Vice President of
CC Cypress, Inc., the General
Partner of CC Cypress, Ltd.

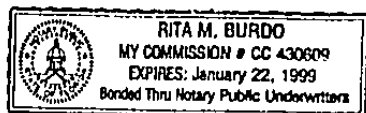
STATE OF FLORIDA

COUNTY OF DADE

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared Saby Behar, in his capacity as Vice President of CC Cypress, Inc., the General Partner of CC Cypress, Ltd., known to me and known by me to be the person who executed the foregoing Affidavit of Capital Contribution, and he acknowledged to me and before me that he executed this Affidavit freely and voluntarily for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the county and state aforesaid this 26th day of June, 1995.

[SEAL]



[Signature]
Notary Public
State of Florida, at Large

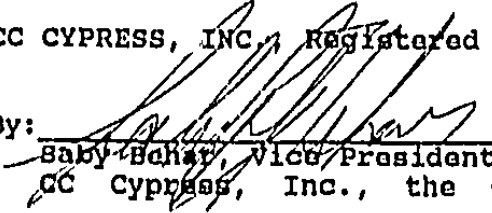
Rita M Burdo
Typed or Printed Name of Notary
My commission expires:

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as Registered Agent for CC Cypress, Ltd., a Florida limited partnership (the "Partnership") in the foregoing Certificate of Limited Partnership, I, on behalf of the Partnership, heroby agree to accept service of process for said Partnership and to comply with any and all statutes relative to the complete and proper performance of the duties of the registered agent.

CC CYPRESS, INC., Registered Agent

By:


Baby Behar, Vice President of
CC Cypress, Inc., the General
of CC Cypress, Ltd.

Partner

Cypress.CLP\6/23/95

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 28 PM 2:26

A95000000980

7/8/95 11:20 AM

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

FROM: CORPORATE CREATIONS MIAMI
4437 SHERIDAN AVE
MIAMI BEACH FL 33140-0000

CONTACT: JOSEPH MATA
PHONE: (305) 538-9001
FAX: (305) 538-8094

DOCUMENT TYPE: LIMITED PARTNERSHIP AMENDMENT
NAME: CC CYPRESS, LTD.
FAX AUDIT NUMBER: H95000007547
DATE REQUESTED: 07/07/1995
CERTIFIED COPIES: 0
NUMBER OF PAGES: 2
ESTIMATED CHARGE: \$52.50

CURRENT STATUS: REQUESTED
TIME REQUESTED: 12:20:24
CERTIFICATE OF STATUS: 0
METHOD OF DELIVERY: FAX
ACCOUNT NUMBER: 075114001215

Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document.

ENTER 'M' FOR MENU. **
ENTER SELECTION AND <CR>:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 10 PM 3:49

Name	A95000000980
Availability	
Document Examiner	GSH
Updater	GSH
Updater Verifier	GSH
Acknowledgement	GSH
W. P. Verifier	GSH

RECEIVED
95 JUL 10 PM 3:45
DIVISION OF CORPORATIONS

H95000007547

Articles of Amendment to a Florida Limited Partnership

Article I. Name and Date of Filing

The name of this Florida Limited Partnership is CC Cypress, Ltd. (the "Partnership"), which was filed with the Department of State on June 28, 1995.

Article II. Amendment

The Certificate of Limited Partnership is amended so that the name American Land Housing Group, Ltd. is deleted in its entirety from the first paragraph of the Certificate of Limited Partnership and replaced with CC Cypress, Ltd.

Article III. Date Amendment Adopted

The amendment set forth in these Articles of Amendment was adopted on July 7, 1995.

An authorized representative of the Partnership executed these Articles of Amendment on July 7, 1995.

CC Cypress, Ltd.

By: 

Granvil Tracy, Vice President of CC Cypress
Inc., the General Partner of CC Cypress,
Ltd.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL 10 PM 3:49

Corporate Creations International Inc.
4437 Sheridan Avenue
Miami Beach, FL 33140
(305) 672-0686

H95000007547

A95000000980

OFFICE USE ONLY (Document #)

CC Cypress, LTD.

(Requestor's Name)

65 NW 168th St.

(Address)

North Miami Beach, FL 33169

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CC Cypress, LTD. A95000000980

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

300001686043

-01711736-01010-002

1750.00 **17.50

4.

(Corporation Name)

(Document #)

☐ Walk in ☐ Pick up time _____

☐ Certified Copy

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☐ Photocopy

☐ Certificate of Status

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<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

96 JAN -2 PH 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

FF \$1,750.00

1-9-96 a

**SUPPLEMENTAL AFFIDAVIT OF CAPITAL CONTRIBUTIONS
CC CYPRESS, LTD., A FLORIDA LIMITED PARTNERSHIP**

The undersigned general partner of CC CYPRESS, LTD., a Florida limited partnership, executed this Supplemental Affidavit filed pursuant to section 620.112, Florida Statutes.

The total amount of the Capital Contributions of the Limited Partners is \$1,224,074.00.

This 27 day of December, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true, to the best of my knowledge and belief.

CC CYPRESS, INC.,
General Partner of CC Cypress, Ltd.



By: _____
Roberto Kassin, President

Cypress.Sup

FILED
96 JAN -2 PH 3:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Candice Matheson
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 JAN -2 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000980

CC CYPRESS, LTD.

Mailing Address
65 N.W. 168TH STREET
NORTH MIAMI BEACH FL 33169

Principal Office Address
65 N.W. 160TH STREET
NORTH MIAMI BEACH FL 33169

If above addresses are incorrect in any way, use through this incorrect information and enter correct addresses in Block 2 and/or 2a

3. Date Formed or Registered in
FLORIDA 06/28/1995

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown
on Record
\$7,000.00

5b. Amount of Capital Contributions in
FLORIDA to date
\$1,224,074

6. FEI Number
65-0590610

Applied For
Not Applicable

7. CERTIFICATE OF STATUS REQUIRED
\$0.75 Additional Fee required
for a Certificate of Status

8. FEES: 1) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
2) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$181.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE

9. Name and Address of Current Registered Agent

CC CYPRESS, INC.
65 N.W. 168TH STREET
NORTH MIAMI BEACH FL 33169

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL Zip Code

10a. Pursuant to the provisions of sections 620.105(1) 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)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

CC CYPRESS, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

65 N.W. 168TH STREET

11b. City, State & Zip Code

NORTH MIAMI BEACH FL

11c. Registration/
Document Number

P95000050698

AR-\$437.50
SF-\$138.75

1-9-96

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 report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(b) 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.
*except where in respect to the report as required by Section 620.192, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

ROBERTO KASSIN

Telephone Number

305/654-1500