



2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # A95000000980 1. Entity Name CC CYPRESS, LTD.		
Principal Place of Business 115 NW 167 ST., #300 NORTH MIAMI BEACH FL 33169	Mailing Address 115 NW 167 ST., #300 NORTH MIAMI BEACH FL 33169	
2. Principal Place of Business	3. Mailing Address	
Suite, A One SE 3rd Avenue Suite 3100 City, S Miami, FL 33131 Zip	S One SE 3rd Avenue Suite 3100 C Miami, FL 33131 Z	

FILED
 04 APR 30 PM 12:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 65-0590610 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CC CYPRESS, INC. 115 NW 167 ST., #300 NORTH MIAMI BEACH FL 33169	
7. Name and Address of New Registered Agent Name One SE 3rd Avenue Suite 3100 Miami, FL 33131 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	
9. Capital Contributions as Shown on record. \$1,224,074.00	10. Amount of Capital Contributions in FLORIDA to date.
11. MAKE CHECK PAYABLE TO FL. 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 #	P95000050698	STREET ADDRESS	One SE 3rd Avenue
NAME	CC CYPRESS, INC.	CITY-ST-ZIP	Suite 3100 Miami, FL 33131
STREET ADDRESS	115 NW 167 ST., #300		
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33169		
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: GRANVILLE TRACY 4/27/04 (305) 654-1500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #