## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

CHECK

STAPLE

SIGNATURE:

## Apr 28, 2006 08:00 AN Secretary of State DOCUMENT # A96000000457 1. Entity Name CYPRESS LAKES ASSOCIATES, LTD. Principal Place of Business Mailing Address 11300 4TH ST N., SUITE 200 11300 4TH ST N., SUITE 200 ST. PETERSBURG, FL 33716 ST. PETERSBURG, FL 33716 04192006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3368105 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent an e e <del>pier</del>a **Esparante de la compa**nsa de la compansa del compansa de la compansa de la compansa del compansa de la compans COMMUNITY INVESTMENT CORPORATION -DO NOT WRITE 11300 4TH ST N., SUITE 200 ST. PETERSBURG, FL 33716 IN THIS SPACE 3. 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, typed or printed name of registered agent and little if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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 # V46223 02/08/08-84683-008 05/08/08-84683-008 NAME COMMUNITY INVESTMENT CORPORATION STREET ADDRESS 11300 4TH ST N., SUITE 200 CITY-ST-ZIP ST. PETERSBURG, FL 33716 DOCUMENT # ------NAME STREET ADDRESS U0000054060<u>4</u> US-10-06-80024 025 CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Men / Qualle Julie V. Maelli, Sec. of GO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **FILED**