## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A9600000897  1. Entity Name						,	\ \ :	
CYPRESS PARK LIMITED PARTNERSHIP			: :		FILED	ر آ ان		
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	01 FEB 19 AM 10: 46			
1001 SYMPHONY ISLES BLVD.  APOLLO BEACH FL 33572  1001 SYMPHONY ISLES BLVI APOLLO BEACH FL 33572  APOLLO BEACH FL 33572			VD.		SECRETARY OF STATE- TALLAHASSEE, FLORIDA			
2. Principal Place of Business 3. Mailing Address						<u> </u>	<b>48</b>	
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & Stat	City & State			4. FEI Number 59-33747	99	Applied For Not Applicable		
Zip Country Zip		Zip	Country		5. Certificate of Status Desir		8.75 Additional ee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
MOHR, ROBERT H 137 SOUTH PEBBLE BEACH BLVD., SUITE 100					et Address (P.O. Box Number is Not Acceptable)			
SUN CITY CENTER FL 33573				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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  9. Capital Contributions as Shown on record. \$670,000.00  10. Amount of Capital Contributions in FLORIDA to date. 171,338  11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION								
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	TITY M e form	UST BE REGIS ; an amendme	STERED AND ACTIVE WITH int must be filed to change	THIS OFFICE. a general partn	er.	
12.	GENERAL PARTNER	INFORMATION	13.	i	ADDRESS	CHANGES ONLY		
STREET ADDRESS	LABARBERA, MARIA  EET ADDRESS 1001 SYMPHONY ISLES BLVD.			-ST-ZIP				
DOCUMENT # NAME	AI VEG BEAGITTE 00072		STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		g tropic structure the came	_CITY	-ST-ZiP		`. <del></del>	· · · · · · · · · · · · · · · · · · ·	
DOCUMENT # NAME STREET ADDRESS			STRE	EET ADDRESS	000വു	<del>23745</del>	9104 <del>1033-012</del>	
CITY-ST-ZIP  DOCUMENT #			CITY	-ST-ZIP	***	**526.25	****526.25	
NAME STREET ADDRESS				ET ADDRESS				
CLTY-ST-ZIP DOCUMENT #	· .		<b>-</b>	-ST-ZIP				
NAME Street address				-ST-ZIP				
CITY-ST-ZIP DOCUMENT #			-	ET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				
14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and rer or trustee empowered to execute this	that my signature shall have th	ne same	e legal effect as it	Section 119.07(3)(i), Florida Statumade under oath; that I am a Ge	tes. I further certify neral Partner of th	y that the information le limited partnership or	

2/13/2001