

2002 UNIFORM BUSINESS REPORT (UBR)

0012600 AI

DOCUMENT # **A96000000897**

1. Entity Name

CYPRESS PARK LIMITED PARTNERSHIP

FILED

02 APR 18 PM 2:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 1001 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	Mailing Address 1001 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

DUE BY MAY 1, 2002

4. FEI Number 59-3374799	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

**MOHR, ROBERT H
137 SOUTH PEBBLE BEACH BLVD., SUITE 100
SUN CITY CENTER FL 33573**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$670,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	LABARBERA, MARIA 1001 SYMPHONY ISLES BLVD. APOLLO BEACH FL 33572	STREET ADDRESS	500005349825--4 -04/26/02--01003--002 ***526.25 ***526.25
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CR2E003 (9/01)

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: *Maria Labarbera* **4/4/2002**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #