


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000000897 1. Entity Name CYPRESS PARK LIMITED PARTNERSHIP	
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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	3. Mailing Address	04202006 Chg-LP CR2E003 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 59-3374799
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

Applied For	Not Applicable
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and file 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	U00000553714
	LABARBERA, MARIA		
	STREET ADDRESS		05/15/06-80061-016 500.00
	1001 SYMPHONY ISLES BLVD.		
	CITY-ST-ZIP		
	APOLLO BEACH, FL 33572		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS		
	CITY-ST-ZIP		

STAMPLE CHECK HERE

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

SIGNATURE: MARIA LABARBERA MARIA LABARBERA 4/26/06 885 503 9868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #