


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  CC CYPRESS ASSOCIATES, LTD.		1a. DOCUMENT # A96000001512	

FILED

98 DEC 31 AM 8:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Mailing Address 115 NW 167 ST. #300 NORTH MIAMI BEACH FL 33169		Principal Office Address 115 NW 167 ST. #300 NORTH MIAMI BEACH FL 33169		3. Date Formed or Registered 08/13/1996	5a. Capital Contributions as Shown on record. \$2,000,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL				6. FEI Number 65-0685658	
7. Certificate of Status Desired				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)				\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. If changed, new Registered Agent/Office Name AMERICAN LAND HOUSING GROUP, INC Street Address (P.O. Box Number is Not Acceptable) 115 NW 167 Street Ste #300 Suite, Apt. #, etc. City North Miami Beach FL Zip Code 33169	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]*

DATE

12/28/98

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) CC CYPRESS, LTD.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 115 NW 167 ST. #300	11b. City, State & Zip Code NORTH MIAMI BEACH FL	11c. Registration/Document Number A95000000980
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CR2E003 (3/98)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

12/28/98

Typed or Printed Name of General Partner Signing Form

SABY BERTAL

Daytime Telephone Number

(305) 654-1500