


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A96000002401					
1. Entity Name THE LANDINGS AT CYPRESS MEADOWS LIMITED PARTNERSHIP					
Principal Place of Business 6000 COMPTON ESTATES WAY TAMPA, FL 33647			Mailing Address 6000 COMPTON ESTATES WAY TAMPA, FL 33647		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INGLIS, JOHN S C/O SHUMAKER, LOOP & KENDRICK, LLP 101 EAST KENNEDY BLVD., SUITE 2800 TAMPA, FL 33602				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P96000102727		STREET ADDRESS		
NAME	THE LANDINGS AT CYPRESS MEADOWS CORP.		CITY-ST-ZIP		
STREET ADDRESS	6000 COMPTON ESTATES WAY				
CITY-ST-ZIP	TAMPA, FL 33647				
DOCUMENT #			STREET ADDRESS	U00000208907	
NAME			CITY-ST-ZIP	02/02/05-80014-003 141 25	
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____			_____ WARRON KINSLOCK 1-17-05 (913) 910-7914		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



01032005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3420170 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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