


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Jan 18, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # A96000002401</b> 1. Entity Name THE LANDINGS AT CYPRESS MEADOWS LIMITED PARTNERSHIP	
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Principal Place of Business 6000 COMPTON ESTATES WAY TAMPA, FL 33647	Mailing Address 6000 COMPTON ESTATES WAY TAMPA, FL 33647
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**DO NOT WRITE IN THIS SPACE**

01082007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 59-3420170	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

INGLIS, JOHN S  
C/O SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., SUITE 2800  
TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

**B.** 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

000000593420170  
01/18/07-80071-010 500.00

**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	
DOCUMENT #	P96000102727
NAME	THE LANDINGS AT CYPRESS MEADOWS CORP.
STREET ADDRESS	6000 COMPTON ESTATES WAY
CITY-ST-ZIP	TAMPA, FL 33647
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

STAPLE 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:**  **Warren Kinster** **1-16-07** **(813) 910-7914**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #