


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 JUN -2 AM 9:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # A97000001159	
1. Entity Name CYPRESS INVESTMENT ASSOCIATES, LTD.	

Principal Place of Business 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130	Mailing Address 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

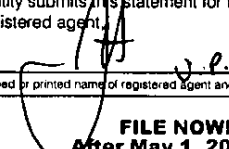
04272006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0757583	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PANTHER REALTY ADVISORS, INC. 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130	
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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 4/26/06

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 CITY-ST-ZIP	P97000046114 CYPRESS PANTHER, INC. 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130	STREET ADDRESS CITY-ST-ZIP	800075894868 06/06/06--01060--014 **500.00
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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: 	DATE 4.26.06	DAYTIME PHONE # 305-374-7075
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STAPLE CHECK HERE