


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A97000001159 1. Entity Name CYPRESS INVESTMENT ASSOCIATES, LTD.	
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FILED
 07 MAY 18 PM 4: 16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 - No P.O. Box # 333 S. Miami Avenue	3. Mailing Address 333 S. Miami Avenue
Suite, Apt. #, etc. Suite 150	Suite, Apt. #, etc. Suite 150

03132007 Chg-LP CR2E003 (12/06)

City & State Miami, Florida	City & State Miami, Florida
Zip 33130	Country USA

4. FEI Number 65-0757583	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PANTHER REALTY ADVISORS, INC. 155 S. MIAMI AVE., SUITE PH-2A MIAMI, FL 33130	7. Name and Address of New Registered Agent Name Panther Realty Advisors, Inc. Street Address (P.O. Box Number is Not Acceptable) 333 S. Miami Avenue, Ste. 150 City Miami FL Zip Code 33130
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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 title if applicable

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 333 S. Miami Avenue, Ste. #150 Miami, FL 33130
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 500103629165 05/31/07-01054-012 ***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:  v.p. 4.21.07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE