

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

**FILED  
Apr 22, 2005 8:00 am  
Secretary of State**

<b>DOCUMENT # A98000000455</b>							
1. Entity Name LANDSTAR CYPRESS SPRINGS, LTD.							
Principal Place of Business 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134		Mailing Address 550 BILTMORE WAY, SUITE 1110 CORAL GABLES, FL 33134					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		03152005 Chg-LP CR2E003 (10/03) 4. FEI Number <b>65-0833822</b> <table border="1"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
ROSA ECKSTEIN SCHECHTER, ESQ. 550 BILTMORE WAY SUITE 1110 CORAL GABLES, FL 33134			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. <b>\$2,800,000.00</b>		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 #	K45516		STREET ADDRESS				
NAME	LANDSTAR DEVELOPMENT CORPORATION		CITY-ST-ZIP				
STREET ADDRESS	550 BILTMORE WAY, SUITE 1110		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP				
DOCUMENT #			STREET ADDRESS	600054025696			
NAME			CITY-ST-ZIP	05/06/05 01007 023 **526.25			
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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)(i), 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: _____		Rodolfo Stern		4/15/05 (305) 461-2440			
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		_____ <small>Date</small>		_____ <small>Daytime Phone #</small>			

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