


**2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By September 8, 2004**

**FILED  
Sep 17, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # A98000001415**  
1. Entity Name  
2900 CYPRESS CORNERS PARTNERS, LTD.



Principal Place of Business: 150 S.E. 2ND AVENUE, SUITE 1301 MIAMI, FL 33131  
Mailing Address: 150 S.E. 2ND AVENUE, SUITE 1301 MIAMI, FL 33131

2. Principal Place of Business: Suite, Apt. #, etc.  
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
Zip: Country



07022004 Chg-LP CR2E003 (10/03)

4. FEI Number: 65-0844701  
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent  
BAKER, RONALD G  
4675 PONCE DE LEON BLVD., #301  
CORAL GABLES, FL 33146

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

9. Capital Contributions as Shown on record: \$1,000,000.00  
10. Amount of Capital Contributions in FLORIDA to date.  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	P98000025444	STREET ADDRESS	
NAME	2900 CYPRESS CORNERS, INC.	CITY - ST - ZIP	
STREET ADDRESS	150 S.E. 2ND AVENUE, SUITE 300		
CITY - ST - ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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09/17/04-80004-005 535.00

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: [Signature] DATE: 8/22/04 DAYTIME PHONE #: 205373-2164  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE