

2002 UNIFORM BUSINESS REPORT (UBR)

12/2

0002250 AB

DOCUMENT # B000000000004

1. Entity Name

CYPRESS/NR LAKE WORTH I, L.P.

FILED
02 DEC 16 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

15601 DALLAS PARKWAY, SUITE 400
DALLAS TX 75001

15601 DALLAS PARKWAY, SUITE 400
DALLAS TX 75001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 75-2852377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.

1333 NORTH DUVAL ST.

TALLAHASSEE FL 32303

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$308,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # F00000000130
NAME CYPRESS/NR LAKE WORTH, INC.
STREET ADDRESS 15601 DALLAS PARKWAY, SUITE 400
CITY-ST-ZIP DALLAS TX 75001

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

11/1/02

Date

972-361-5000

Daytime Phone #

CR2E003 (4/02)

202



CYPRESS EQUITIES

November 1, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

This letter is a request for the reinstatement of Cypress/NR Lake Worth I, LP in the State of Florida as well as requesting a waiver of extra fees and charges. Cypress/ NR Lake Worth I, LP has not received its 2002 limited partnership annual report/uniform business report that was required for filing early this year. The referenced UBR document #B000000000004 is the first communication to us regarding this matter.

Attached is our check in the amount of \$535 for registration and certificate of status of Cypress/ NR Lake Worth I, LP.

If you have any questions, please give me a call at (972) 361-5058.

Sincerely,

Brian Parro

Secretary/CFO-Cypress/NR Lake Worth