## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# B0000000158

Entity Name: CYPRESS POINTE/A.C., L.P.

3301 WEST END AVE., SUITE 200

NASHVILLE, TN 37203

Address:

City-St-Zip:

FILED Feb 06, 2006 Secretary of State

| Current Principal Place of Business:          |   |                                  | New Principal Place of Business:          |                                       |
|---|---|----------------------------------|---|---------------------------------------|
|   | FEND AVE., \$<br>E, TN 37203              | SUITE 200                        |   |                                       |
| Current Mailing Address:                      |   |                                  | New Mailing Address:                      |                                       |
|   | FEND AVE., \$<br>E, TN 37203              | SUITE 200                        |   |                                       |
| FEI Number:                                   | 62-1566485                                | FEI Number Applied For()         | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent: |   |                                  | Name and Address of New Registered Agent: |                                       |
| SUITE 4                                       | /ICES, INC.<br>:UTIVE PARK<br>FL 33331 US |                                  |   |                                       |
| The above in the State                        |   | submits this statement for the p | ourpose of changing its registered        | d office or registered agent, or both |
| SIGNATUR                                      | E:  |                                  |   |                                       |
|   | Electron                                  | ic Signature of Registered Age   | ent                                       | Date                                  |
| GENERAL PARTNER INFORMATION:                  |   |                                  | ADDRESS CHANGES ONL                       | Υ:                                    |
| Document #:                                   | M00000000447<br>CYPRESS POII              |                                  |   |                                       |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: C HARRIS HASTON AS 02/06/2006