2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

Jan 25, 2005 08:00 AM

SIGNATURE:

FILED

bue by May 1, 2005					Jan 25, 2005 00.00 AM	
DOCUMENT # B0100000104					Secretary of State	
1. Entity Name						
CYPRESS	CREEK EXECUTIVE (COURT, LTD.				
Principal Place	of Business	Mailing Address				
l i					}	
BOCA RATON, FL 33487 BOCA RATON,		7700 CONGRESS AV BOCA RATON, FL 33	3487			
				49-		IF DOIN SEIN STID NAME DOWN DISCENDED IN 1889.
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122005 Chg-LP	CR2E003 (10/03)
City & State		City & State		4. FEI Number 65-0499913	Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Cur	rent Registered Agent			7. Name and Address of New F	
FELLIPELL					Name	
FELUREN, MARK 2200 NORTH COMMERCE PARKWAY, SUITE #202 WESTON, FL 33326				Street Address (P.O. Box Number Is Not Acceptable)		
				City		Zip Code
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	amed entity submits this statements of registered agent.	ent for the purpose of changing	its register	ed office or register	ed agent, or both, in the State of Fi	orida. I am familiar with, and accep
SIGNATURE -				-	_	
SIGNATURE S	gnature, typed or printed name of registered	agent and title if applicable.				DATE
9. Capital Cont as Shown on		10. Amount of Ca in FLORIDA to		butions		
	A GENERAL PARTNI	ER THAT IS A BUSINESS	ENTITY M	IUST BE REGIST	TERED AND ACTIVE WITH TH	IIS OFFICE.
	NOTE: General Partners	MAY NOT be changed or			it must be filed to change a g	
12.		TNER INFORMATION	13.		ADDRESS CH	ANGES ONLY
1	F01000001599 A & D HOLDINGS, INC.		STR	EET ADDRESS		
1	700 CONGRESS AVE. #31	ĬOŌ				
	BOCA RATON, FL 33487		CITY	-ST-ZIF		1196486
DOCUMENT #			STR	EET ADDRESS	" - U17257U3"	-80072-004 526.25
STREET ADDRESS CITY-ST-ZIP			CITE	-\$I-ZIP		
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NAME STREET ADDRESS						<u> </u>
CITY-ST-ZIP			CITY	-SI-ZIP		
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STREET ADDRESS CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	City	-ST-ZIP		<u> </u>
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DOCUMENT # NAME			SIR	EET ADDRESS		
STREET ADDRESS CITY - ST - ZIP	1		CITY	'-ST-ZIP		
14. I hereby ce	rtify that the information submitted	your this filing does not qualify	y for the exe	mption stated in Se	ection 119.07(3)(i), Florida Statutes.	I further certify that the information
14. I hereby ce indicated o the receive	rtify that the information supplied in this report is true and adourat rior trustee empowered in exact	d with this filing does not qualify and that my signature shall he are this report as required by Ch	y for the exe ave the sam hapter 620,	mption stated in Se e legal effect as if n Florida Statutes	ection 119.07(3)(i), Florida Statutes, nade under oath; that I am a Gener	I further certify that the information at Partner of the limited partnership