#### 2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # B01000000104** 

CYPRESS CREEK EXECUTIVE COURT, LTD.



Principal Place of Business

7700 CONGRESS AVE., #3100 BOCA RATON, FL 33487

Mailing Address

7700 CONGRESS AVE., #3100 BOCA RATON, FL 33487

# FILED Apr 04, 2007 08:00 A Secretary of State



02192007 No Chg-LP

CR2E003 (12/06)

4. FE! Number 65-0499913

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FELUREN, MARK 2200 NORTH COMMERCE PARKWAY, SUITE #202 WESTON, FL 33326

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| 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.  |
|    |   |
| SI | GNATURE   |

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

DATE

## FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

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.

| ١ | trailer delicities and the personal designation |                             |   |  |  |
|---|---|-----------------------------|---|--|--|
| l | 12.   | GENERAL PARTNER INFORMATION | 7 |  |  |
|   | DOCUMENT #                                      | F01000001599                |   |  |  |
| ı | NAME  | A & D HOLDINGS, INC.        |   |  |  |
| Į | STREET ADDRESS                                  | 7700 CONGRESS AVE., #3100   | 1 |  |  |
|   | CITY-\$1-ZIP                                    | BOCA RATON, FL 33487        |   |  |  |
| ı | DOCUMENT #                                      |                             |   |  |  |
| ı | NAME  |                             | ı |  |  |
| ı | STREET ADDRESS                                  |                             |   |  |  |
| - | CITY-ST-ZIP                                     |                             | 1 |  |  |
|   | DOCUMENT #                                      |                             |   |  |  |
| ì | NAME  |                             |   |  |  |
| ı | STREET ADDRESS                                  |                             | 1 |  |  |
| Į | CITY-ST-ZIP                                     |                             | 1 |  |  |
| ł | DOCUMENT #                                      |                             | ┨ |  |  |
| ı |   |                             |   |  |  |
| ı | NAME  |                             | ł |  |  |
| 1 | STREET ADDRESS                                  |                             |   |  |  |

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formation supplied with this filling dose net quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 impowered to execute this coop as required by Chapter 640, Florida Statutes 14. I hereby certify that the in indicated on this report is or the receiver or trustee i

SIGNATURE:

CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-S1-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER