2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

ا ي است التايا

STAPLE CHECK HERE

DOCUMENT # B0100000277 1. Entity Name THE CYPRESS FUND, L.P.						ETARY OF STATE PR 26 PM 1: 42	
Principal Place of Business Mailing Address THE CORPORATION TRUST COMPANY 1209 ORANGE STREET BOCA RATON, FL 33431 WILMINGTON, DE 19801			00	 		III ANIA KATA KATA KATA NATA ANIA ANIA ANIA	
2. Principal Place of Business 3. Mailing Address							
Sulte, Apt. #, etc. Suite, Apt. #, etc.				02022004	Chg-LP	CR2E003 (10/03)	
City & State City & State				4. FEI Number 65-11142	287	Applied For Not Applicable	
Zip Country	Zip	Zip Country		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 Name				
BRAICA, PAUL Webster, Kenneth 5. 301 YAMATO ROAD, SUITE 2200 BOCA RATON, FL 33431			Street Address (I	eet Address (P.O. Box Number is Not Acceptable)			
KEWebsta			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 again and title if applicable. DATE DATE							
9. Capital Contributions as Shown on record. \$4,000,000.00	tontributions \$4,000,000.00 10. Amount of Capital Contributions in FLORIDA to date.				50	26.25	
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 DOCUMENT / PO1000070241					ADDRESS CH	HANGES ONLY	
NAME WESTPORT CAPITAL MANAGEMENT CORP.		STRE	EET ADDRESS				
STREET ADDRESS 301 YAMATO ROAD, SUITE 2200 BOCA RATON, FL 33431		CITY	- ST - ZIP	500033985215			
DOCUMENT # NAME			EET ADDRESS	04/21/04 01000 010 ***************************			
STREET ADDRESS *CITY-SI-ZIP		. CITY	-ST-ZIP	-			
DOCUMENT # NAME			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY	-ST-ZIP				
DOCUMENT / NAME		STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			-ST-ZIP				
DOCUMENT # NAME			EET ADDRESS	•			
STREET ADDRESS CITY-ST-ZIP			-ST-ZIP				
DOCUMÉNT #			EET ADDRESS			1 to	
STREET ADDRESS CITY-ST-ZIP			-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 **County Chapter 620 Chapte							
SIGNATURE: KEN Webster, Twesser Westernt Const. L. Morrage of Corp. 2/5/04 56/-24/-00/8 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daylime Prione #							