## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007 DOCUMENT # B01000000277 1. Entity Name THE CYPRESS FUND, L.P. Principal Place of Business THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON, DE 19801 Mailing Address 301 YAMATO ROAD, SUITE 2200 BOCA RATON, FL 33431

FILED Apr 19, 2007 08:00 AM Secretary of State



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 4. FEI Number
 Applied For

 65-1114287
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

WEBSTER, KEN 301 YAMATO ROAD, SUITE 2200 BOCA RATON, FL 33431

## DO NOT WRITE IN THIS SPACE

6. 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. U00000713032 05/01/07-80050-006 500.00			
SIGNATURE Signature, typed or printed name of registered agent and tale if applicable.		0.57 0.17 0.17 0.00.00 0.00 0.00 0.00 0.00	
	FILE NOW!!! FEE 18 \$500.00 After May 1, 2007, Fee will be \$900.0		
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 #	P01000070241		
NAME	WESTPORT CAPITAL MANAGEMENT CORP.		
STREET ADDRESS	301 YAMATO ROAD, SUITE 2200		
CITY-ST-ZIP	BOCA RATON, FL 33431		
DOCUMENT#			
NAME			
STREET ADDRESS			
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STREET ADDRESS		DO NOT WRITE	
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DOCUMENT /		IN THIS SPACE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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:

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

Scholl KEN Websten, F

3/27/07

561-241-0018

Date