

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012466 AT

DOCUMENT # **B01000000439**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 FEB -4 PM 3:43

*Handwritten initials and date: 2/6*

1. Entity Name  
**CYPRESS CREEK INVESTMENTS, L.P. (LIMITED PARTNER SHIP)**

Principal Place of Business  
**220 CONGRESS PARK DRIVE, SUITE 215  
DELRAY BEACH FL 33445**

Mailing Address  
**220 CONGRESS PARK DRIVE, SUITE 215  
DELRAY BEACH FL 33445**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **88-0238005**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JOHNSTON, SHEPHERD D  
220 CONGRESS PARK DRIVE, SUITE 215  
DELRAY BEACH FL 33445**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$17,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	<b>M17386</b>
NAME	<b>SUNBELT CORPORATE CENTER II, INC.</b>
STREET ADDRESS	<b>220 CONGRESS PARK DRIVE, SUITE 215</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000010128140</b>
CITY-ST-ZIP	<b>01/15/03--01052--007 **150.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000010128140</b>
CITY-ST-ZIP	<b>02/04/03--01061--016 **376.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-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

SIGNATURE: *Stephanie R. Fisher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*1/10/03*  
Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)