2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B95000000336

1. Entity Name

CYPRESS RESERVE ASSOCIATES LIMITED PARTNERSHIP

FILED
01 JUL 25 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
110 GRAND PALMS DRIVE PEMBROKE PINES FL 33207	110 GRAND PALMS DRIVE PEMBROKE PINES FL 33207

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	8832 GREY HAWK POINT Suite, Apt. #, etc.
City & State	City & State ORLANDO, FL
Zip / Country	Zip 32836 / Country U.S

DUE BY SEPTEMBER 28, 2001

4. FEI Number 65-0610439 ☐ Applied For ☐ Not Applicable

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
SEGALL, E M 110 GRAND PALMS DRIVE PEMBROKE PINES FL 33207	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$3,816,058.00		

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000067020	STREET ADDRESS	
NAME	THE RESERVE AT CYPRESS POINT, INC.	CITY-ST-ZIP	
STREET ADDRESS	110 GRAND PALMS DRIVE		
CITY-ST-ZIP	PEMBROKE PINES FL 33207		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300004510758--0
NAME		CITY-ST-ZIP	-08/01/01--01033--001
STREET ADDRESS			****935.00 ****935.00
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NAME		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: SIGNATURE REQUIRED 7/18/01 407-876-0729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #