


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership NATIONAL RE/SOURCES CYPRESS RUN, L.P.		1a. DOCUMENT # B97000000079	
Mailing Address C/O PEMBROKE CAPITAL GROUP, INC. 485 WEST PUTNAM AVENUE GREENWICH CT 06830		Principal Office Address C/O PEMBROKE CAPITAL GROUP, INC. 485 WEST PUTNAM AVENUE GREENWICH CT 06830	
2. Mailing Address <i>C/O National Resources</i> Suite, Apt. #, etc.		2a. Principal Office Address <i>C/O National Resources</i> Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 02/11/1997		5a. Capital Contributions as Shown on record \$3,976,335.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FL OR DA to date: \$448,779.64	
4. State or Country of Formation DE		6. F.I.I. Number 06-1474195	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Filing Station/Document Number
NATIONAL RE/SOURCES FLORIDA Holdings, Inc.	485 WEST PUTNAM AVENUE	GREENWICH CT 06830	F97000000743
000002898540--1 -01/13/98--01076--005 ****541.25 ****541.25			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE <i>Joseph Cotter</i>		DATE 12/24/97 (203) 661-0055	
Typed or Printed Name of General Partner Signing		Daytime Telephone Number	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 30 PM 2:23



02/11/97

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