

AUG-15-2001 10:06

P.02

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000079**
1. Entity Name
National RE/Sources Cypress Run, L.P.

Principal Place of Business Mailing Address

2. Principal Place of Business
485 West Putnam Ave
Suite, Apt. #, etc.
City & State
Greenwich, CT
Zip
06830 Country
USA

3. Mailing Address
c/o AEW Capital Management
Suite, Apt. #, etc.
Two Seaport Lane
City & State
Boston, MA
Zip
02210 Country
USA

8/29

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1474195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
CT Corporation System
c/o CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

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.

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

9. Capital Contributions as Shown on record. **\$2,319,419**
10. Amount of Capital Contributions in FLORIDA to date. **\$2,319,419**

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 #	NRE Financial Holdings LLC 485 West Putnam Ave. Greenwich, CT 06830	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200004566072--5
NAME		CITY-ST-ZIP	-08/31/01--01062--001
STREET ADDRESS			****335.00 ****335.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: **J. M. C. H. H.** **Terrence M. C. H. H.** **8/21/01** **617-261-9273**