


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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|---|--|---|---|
| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
| 1. Name of Limited Partnership CYPRESS LAKE HOTEL LIMITED PARTNERSHIP | | 1a. DOCUMENT # B980000000052 | |
| Mailing Address ALLIANCE FINANCIAL GROUP, INC 154 DUNCAN DRIVE NORTH ANDOVER MA 01845 | Principal Office Address ALLIANCE FINANCIAL GROUP, INC 154 DUNCAN DRIVE NORTH ANDOVER MA 01845 | | |
| 2. Mailing Address | 2a. Principal Office Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

FILED

99 FEB 25 PM 4: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|---|--|
| 3. Date Formed or Registered 01/22/1998 | 5a. Capital Contributions as Shown on record \$1,641,000.00 |
| 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date \$1,641,000 |
| 4. State or Country of Formation DE | |
| 6. FEI Number 04-3388943 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 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) ALLIANCE FINANCIAL GROUP, IN RDA INVESTMENTS, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 154 DUNCAN DRIVE 13217 RIDGE DRIVE | 11b. City, State & Zip Code NORTH ANDOVER MA 0184 ROCKVILLE NJ 20850 | 11c. Registration/ Document Number F97000004137 F96000003417 |
|--|--|--|--|

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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

Scott R. Liddle, President
SCOTT R. LIDDLE

ALLIANCE FINANCIAL GROUP, INC

DATE

12/31/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

978 688 3840

CR2E003 (8/98)