DOCUMENT # B9800000521  1. Entity Name  FBEC - CYPRESS FINANCIAL CENTER, L.P.										:	
							FILED				
								00 MA	Y -2	PM 4: 58	
Principal Place of Business Mailing Address  200 EAST RANDOLPH DRIVE. SUITE 4300 200 EAST RANDOLPH DRIVE.					SUITE 4300	ľ		CEGD	ETARY:	OF STATE	
CHICAGO IL 60601 CHICAGO IL 6060						SEGRETARY OF STATE. TALEAHASSEE, FEGRIDA					
2. Principal Place of Business			3. Mailing Address					1			]]
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & Si		(	4. FEI Number	211560	8	Applied For Not Applicab	ole		
Zip		Country	Zip		Country		5. Certificate of	Status Desired		8.75 Additional ee Required	
	6. Name	and Address of Current	t Registered A	gent			7. Name and A	ddress of New Reg	istered Ag	jent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Name						
					Street A	ddress (P	O, Box Number i	s Not Acceptable)			
											-
					City				FL	Zip Code	
8. The above	named entity	submits this statement f	or the purpose	of changing its req	gistered office or	registere	d agent, or both,	in the State of Florid	da.		
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CIONIATUDE	N.	1 A									
	Signature, typed d	r printed name of registered agent	<del></del>		egistered Agent signati	ure required v	when reinstating)		DATE		
	Signature, typed d		10, A	(NOTE: Re mount of Capital C FLORIDA to date	Contributions				PAYABLE 1	TO DEPT. OF STATE FEE INFORMATION	
9. Capital Co	Signature, typed dentributions on record.	5 M. Hed 5 2 13,055,230.0 BENERAL PARTNER	10. A	mount of Capital C FLORIDA to date	Contributions . /3,05	5, 23 REGISTI	30.00 ERED AND AC	SEE REVERSE TIVE WITH THIS	PAYABLE TO SIDE FOR OFFICE.	FEE INFORMATION	
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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 emnowered to execute this report as required by Chapter 620. Florida Statutes

SIGNATURE:

SIGNATURE