2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B9800000521 1. Entity Name FBEC - CYPRESS FINANCIAL CENTER, L.P.									~			899 AF
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Principal Place of Business 200 EAST RANDOLPH DRIVE, SUITE 4300 CHICAGO IL 60601			Mailing Address 200 EAST RANDOLPH DRIVE. SUITE 4300 CHICAGO IL 60601				01 SEC TAL	APR IO AI Cretary of I Ahassee F	OTATE		18 11881 1188 1881	
2. Principal Place of Business				Mailing Address								
Suite, Apt. #, etc.				uite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE						
City & State				City & State		4. FEI Number	52-2115608		H	Applied For Not Applicable	- -	
Zip	Country			Zip Coun		try	5. Certificate of	f Status Desired		. 75 /	Additional uired	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City						
SIGNATURE	Signature, typed entributions on record.	y submits this statement for or printed name of registered agent \$13,055,230.00 GENERAL PARTNER	and title i	applicable. (NOTE 10. Amount of Capite in FLORIDA to di IS A BUSINESS EN	Registere al Contri ate.	d Agent signature required butions 51,055,72	d when reinstating) 230 TERED AND A	11. MAKE CHEC SEE REVERS	DATE OK PAYABLE TO SE SIDE FOR F OS OFFICE.	EE IN		
12.	NOTE	: General Partners MA	Y NC	T be changed on the	ne form	i; an amendmer	nt must be filed	to change a ge	eneral partne	er.		\dashv
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS		0915 Financial Center- F Randolph Drive, Su	ЩС	STR	EET ADDRESS (~ST~ZIP EET ADDRESS (~ST~ZIP	3	00004 -04/1	- 014 0 7/0101	101	34 007 *526.25	000000000000000000000000000000000000000	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP						Y-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 INCO PYCEST DENT OF FLORIDA STEPHEN A. SMITH 3 20 01 (312) 762-58000 SIGNATURE: SIGNATURE: SIGNATURE AND TYPET/OR PRINTED NAME OF SIGNING GENERAL PARTNER Dayline Phone #												