2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000521

1. Entity Name FBEC - CYPRESS FINANCIAL CENTER, L.P.



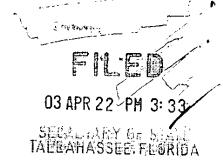
Principal Place of Business

SIGNATURE:

C/O HAGAN & ASSOC.//ATTN: MIA DELGADO

Mailing Address

C/O HAGAN & ASSOC.//ATTN: MIA DELGADO



CHICAGO, IL 60601 CHICAGO, IL 60601			IVE, SUITE 4322		
Principal Place of Business 3.		3. Mailing Address			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003	
City & State City &		City & State	- 	4. FEI Number Applied For 52-2115608 Not Applicable	
Žip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			1	Name Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION, FL 33324			,		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE ————————————————————————————————————					
9. Capital Contributions as Shown on record. \$13,055,230.00 In FLORIDA to date 5			Contributions	SEE REVERSE SIDE FOR FEE INFORMATION	
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 1			ADDRESS CHANGES ONLY	
DOCUMENT #	M98000000915		STREET ADDRES		
NAMÉ	CYPRESS FINANCIAL CENTER- FBEC LLC		GMAC ASSINCES	·	
STREET ADDRESS CITY-ST-ZIP	200 EAST RANDOLPH DRIVE, SUITE 4300 CHICAGO, IL 60601		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRES		
NAME STREET ADDRESS				1	
CITY -ST-ZIP			CITY-ST-ZIP		
DOCUMENT #			STREET ADDRES	State of the state	
STREET ADDRESS CITY -ST-ZIP		,	CITY - 51 - 21P	100016691251 04/22/03-01088-022 **526,25	
DOCUMENT /			STREET ADDRESS	(
STREET ADDRESS			CITY-ST-ZIP		
DOCUMENT #	\		STREET ADDRESS		
NAME STREET ADDRESS					
CITY -ST-ZIP			CITY-ST-ZIP		
DOCUMENT ! Name			STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			City - St - ZIP		
14. Thereby certify that the Information supplied with this filling 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 mystignature 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 empoyered to execute this poor as required by Chapter 620, Florida Statutes					

GENERAL PARTNER OF CYPRESS FINANCIAL CENTER-FBEC COMPANY, INC.