Florida Ass B1/7/00	Address	0000	0/30
City/State/2	(plo8-4318) Zip Phone #		
•		Office Use On	ly
CORPORATION 1	NAME(S) & DOCUMENT N	UMBER(S), (if known):	
1. Cypeess	JNR Lake Wa	exth Inc.	
2		(Document #)	8 B
3.	oration Name)	(Document #)	JAN -7
(Corpo	oration Name)	(Document #)	
4(Corpo	oration Name)	(Document #)	PH 3: 32
\ 	~ 1	\(\tau_1\)	32
	Pick up time	_ Certified Copy	
Mail out	Will wait Photocopy	y	700
NEW FILINGS	AMENDMENTS.		JAN A
Profit	Amendment		ASSEEM -
NonProfit	Resignation of R.A., Officer/D	irector	AM II: 27 OF STATE DRIPPORATIONS E. FLORIDA
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		A RES
Other	Merger		-
OTHER FILINGS	REGISTRATION/ QUALIFICATION	-01/1	3 091581 2 07/0001057010 **78.75 *****78.75
Annual Report	Y Foreign	<u>-</u>	- ··
Fictitious Name	Limited Partnership		
Name Reservation	Reinstatement	1 hv 1 1	~ 1
	Trademark	BK 1/7/	VV
	Other	' '	
		1	

Examiner's Initials

TRANSMITTAL LETTER

To:	-		ax Lien S porations			-			
	DIVISIO	in or corp	porations						જ જ
SUBJ	ECT:	Cypres	ss/NR I	ake Wor					The second
				(Name o	of corpor	ration	- must include suffix)	' '
Dear S	Sir or Ma	dam:							8 H 7
"Certi		Existence	e", and cl				Authorization to Trans gister the above refere		
Please	return al	l corresp	ondence	concernin	g this m	atter	to the following:		
		Priso	cilla F	(. Daver	port,	Esc	Ι•		
					(Nam	e of l	Person)		
		Kane	Russe	in ile	leman	გ ⁻T.ბ	ogan, P.C.		
		172410	1,00,05				npany)		
		2700	mi 1		Пот голо	- 12	Ol Flm Stroot		
		3/00	THALKS	здтушід		\ddre	501 Elm Street . ess)		
					`		,		
		Dalla	as, Tex	tas 752		/Ctot	e/Zip)	- :-	
					(City	/Blau	e/Ziip)		
Should	i you nee	d to call	someone	concernin	ng this m	natter	, please call:		
Pris	cilla)	K. Dave	enport	a:	t (<u>2</u>	14) 777-4232	,,	
	(Name	of Perso	n)		(A	rea C	ode & Daytime Teleph	hone 1	Number)
						_		~~	
STRE	ET ADI	RESS:					MAILING ADDRE	88:	
Qualif	ication/T	ax Lien S	Section				Qualification/Tax Lie		etion
	on of Co		s			-	Division of Corporati	ons	-
	Gaines S assee, FI					_	P.O. Box 6327 Tallahassee, FL 323	14	
	•								
Enclos	ed is a cl	neck for t	he follov	ving amou	nt:				
5 \$70).00 Filin	g Fee		75 Filing I tificate of			\$78.75 Filing Fee & Certified Copy	×	\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIAI REGISTER A	NCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.
1. <u>Cypres</u>	ss/NR Lake Worth, Inc.
(Name of con	reporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or
0.400 01 4001	activations of like import in language as will clearly indicate that it is a corneration instead of a
p 0100x	a of parametriship it not so contained in the name at present.)
а Тотга	n or partnership if not so contained in the name at present.) 3. = 75-2852376 try under the law of which it is incorporated) (FEI number, if applicable)
2. Texas	try under the law of which it is incorporated) 3. = 75-2852376 (FEI number if applicable)
(State of Count	(FEI number, if applicable)
412/20/	/99 5. — Perpetual
(Da	ate of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
4 Upon a	qualification in Florida
(Date firs	St transacted husiness in Florida \ (CEE CECTIONS CON 150)
	est transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. <u>15601</u>	Dallas Parkway, Suite 400, Dallas, Texas 75001
	(Current mailing address)
	- /
Act as	General Partner of a limited partnership that will own real estate
(1 dipose	e(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and st	treet address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)
Name:	NRAI Services, Inc.
065 4.11	500 F P A
Office Address:	526 East Park Avenue
	Tallahassee
	Florida, 32301
	(Zip code)
10. Registered a	agent's acceptance:
Having been name	ed as registered agent and to accept service of process for the above stated corporation at the place designated in
	s of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ac cept my position as registered agent.
<i>y</i>	NRAI Services, Inc.
	Duanic Lydguen asot sec
	(Registered agent's signature)
11. Attached is a co	ertificate of aviatance duly and and
Department of State	ertificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the e, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of
which it is incorpora	ated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

Chairman:	•	
Address:		A
		0 980
Vice Chairman:		2. V.J.
Address:		<u> </u>
Director:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Address:	··· ·	
		
Director: Christopher C. Maguire	25"7 %	
ddress: <u>15601 Dallas Parkway, Suite 400</u>		
Dallas, Texas 75001	· · · · · · · · · · · · · · · · · ·	
3. OFFICERS (Street address only - P.O. Box NOT acc	ceptable)	
resident: Christopher C. Maguire		
ddress: 15601 Dallas Parkway, Suite 400		
Dallas, Texas 75001		
ice President:		
ddress:		
ddress: 15601 Dallas Parkway, Suite 400	=	
Dallas, Texas 75001		-
easurer: Christopher C. Maguire	<u> </u>	
idress: <u>15601 Dallas Parkway, Suite 400</u>		
Dallas, Texas 75001		
OTE: If nedessary, you may attach an addendum to the application	on listing additional officers and/or directors.	
(Signature of Chairman, Vice Chairman, or any of	ficer listed in number 12 of the application)	
Christopher C. Maguire, President		
(Typed or printed name and cap:	acity of person signing application)	



IT IS HEREBY CERTIFIED that Articles of Incorporation of

CYPRESS/NR LAKE WORTH, INC. File No. 1562803

were filed in this office and a certificate of incorporation was issued to this corporation, and no certificate of dissolution is in effect and the corporation is currently in existence.



IN TESTIMONY WHEREOF, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in the City of Austin, on December 23, 1999.

Elton Bomer Secretary of State BAM