

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000005396 1. Entity Name CYPRESS RUN PROJECT INVESTORS, INC.				Feb 27, 2004 8:00 AM Secretary of State	
Principal Place of Business 15501 BRUCE B. DOWNS BLVD TAMPA, FL 33047		Mailing Address 8588 KATY FREEWAY STE 240 HOUSTON, TX 77024			
<div>DO NOT WRITE IN THIS SPACE</div>					
02052004 No Chg-P CR2E034 (10/03)					
4. FEI Number 13-3479575				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		<div>DO NOT WRITE IN THIS SPACE</div>			
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.					
9. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11000000069482 03/01/04-80013-023 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		V GRANVILLE, THOMAS 2001 MARCUS AVE #N118 LAKE SUCCESS, NY 11042			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		S STANTON, VIRGINIA 2001 MARCUS AVE STE N118 LAKE SUCCESS, FL 11042			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		P MUNSON, D. GARY 2001 MARCUS AVE STE N118 LAKE SUCCESS, NY 11042			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<div>DO NOT WRITE IN THIS SPACE</div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ THOMAS GRANVILLE 2-17-04 (516) 352-6100					