LIMITED LIABILITY COMPANY ANNUAL REPORT 1999  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee						99 APR 12 PM 4: 37		
FILING \$ 188			RIDA DEPARTMEI	NT OF STATE	}			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # 198000001967					]			
CYPRESS APARTMENTS I, L.C. C/O CRESCENT MANOR OFFICE						1a. Principal Place of Business Address C/O CRESCENT MANOR OFFICE		
1501 CRESCENT CIRCLE LAKE PARK FL 33403					1501 CRESCENT CIRCLE LAKE PARK FL 33403			
2. Principal Place of Business 2a. Mail			ling Address		3. Date Organiz 09/24/1		3a. State of Formation	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4. FEI Number			
Crty & Sta	ate	City & S	City & State		□ Applied For Not Applicable			
Ζιρ	Country	Zip	Cour	itry	5. Date of Last I	Report	6. Certificate of Status Desired  \$8.75 Additional Fee Required	
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.							Zip Code  33464  ment for the purpose of changing s Thereby accept the appointment	
10. Title	Managing Members/Mana			ess Street Address	OF OFFIRE	City,	State and Zip Code	
MGR	GERSON, THEODOR	RSON, THEODORE F 1501 CRESCE		CENT CIRC	CIRCLE LAKE PARK FL 33463			
				9000028448337 -04/20/9901036016 ****188,75 ****188.75				
	M							
1			4/12/99					
1 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.								
	SIGNATURE: // / Survey 1000 100 1000 1000 1000 1000 1000 100							