## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001967  1. Entity Name  CYPRESS APARTMENTS I, L.C.					FILED SECRETARY OF STATE DIVISION OF CORFORATIONS			
· · · · · · · · · · · · · · · · · · ·					00 FEB 17 AM 10: 20			
Principal Place of Business Mailing Address					OUTED [ /	AH 10: 20		
<del>0/0 Grescent Manor-Off</del> ice 1 <del>501 Grescent Circle</del> L <del>ake Park-FL 334</del> 03		C/O CRESCENT MANOR OFFICE  1301 CRESCENT CIRCLE LAKE PARK FL 33403-2239		   				
2. Principal Place of Business 3. Mailing Address				''	EDIFERI EIO 18101 FERII 80117 ODIFI DI		01411 1884 1881	
% La Suite, Apt.	rmar Management TN #,etc.			1	DO NOT WRITE II	N THIS SPACE		
1501 Crescent Circle City & State		1501 Crescent Circle City & State		.e.     4. FEI Nu	mber of occupant	Ap	oplied For	]
Lake Park Fl		Lake Park, F1 Zip, - Country		.	65-0882581		ot Applicable	-
Zip. 3340		33403	Palm Bea	ch		Fee Require		
	6. Name and Address of Current Ro	egistered Agent	Name	7. Name	and Address of New Regi	stered Agent		
GERSON, THEODORE F			Street Address (P.O. Box Number is Not Acceptable)					
	IBROOK DRIVE	٠			<u></u>		•	
AILANIIS	FL 33467		City			FL Zip Cod	e	
R The above	named entity submits this statement for t	he ourness of changing its		registered agent, or	hoth in the State of Florida	]		
. THE ABOVE	Harried entity addition this statement for t	no purpose of changing to	rogiotoroa omos or	Togistorou agont, or		•		
SIGNATURE .	Signature, typed or printed name of registered agent and		OW!!! FEE IS \$	I		DATE		
9.	MANAGING MEMBER		10.		ADDITIONS/CH	ANGES Change	Addition	6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GERSON, THEODORE F 1501 CRESCENT CIRCLE LAKE PARK FL 33403	) Cedato	TIFLE MAME STREET ADDRESS CITY-ST-ZIP	367 Glen	Theodore F brook Drive	Xuiange		CR2E083 (9/99)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	C Delate	TITLE HAME STREET ADDRESS CITY-ST-ZIP	Attantis	-F133467	☐ Change	Addition	5
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		Celette	TITLE NAME STREET ADDRESS CITY-ST-ZIP	- -	*****50	00 ***	Or Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Designate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIII - M	□ Deleta	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
11. I hereby of indicated	certify that the information supplied with the on this report is true and accurate and the	nis filing does not qualify for nat my signature shall have t	the exemption stat the same legal effe	ted in Section 119.07 ct as if made under	7(3)(i), Florida Statutes. I fur bath; that I am a managing	ther certify that the i member or manage	nformation er of the	