

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000816

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: BCP CYPRESS POINT LLC

**Current Principal Place of Business:**

ONE BOSTON PLACE, SUITE 2100  
C/O BOSTON CAPITAL CORP.  
BOSTON, MA 021084406

**New Principal Place of Business:**

**Current Mailing Address:**

ONE BOSTON PLACE, SUITE 2100  
C/O BOSTON CAPITAL CORP.  
BOSTON, MA 021084406

**New Mailing Address:**

FEI Number: 80-0023218      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR      ( ) Delete  
Name: BCP MANAGEMENT, INC.,  
Address: ONE BOSTON PLACE, SUITE 2100  
City-St-Zip: BOSTON, MA 021084406

Title: MGRM      ( ) Delete  
Name: MANNING, JOHN P  
Address: ONE BOSTON PLACE  
City-St-Zip: BOSTON, MA 02108

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 my electronic signature shall have the same legal effect as if made under oath; 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.

SIGNATURE: JOHN P. MANNING

MGR

04/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date