

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003341

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: CYPRESS EQUITY FUND MANAGEMENT CORP.

**Current Principal Place of Business:**

390 N ORANGE AVE  
STE 1300  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

**Current Mailing Address:**

390 N ORANGE AVE  
STE 1300  
ORLANDO, FL 32801 US

**New Mailing Address:**

FEI Number: 59-3260874      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HAUG, HOWARD  
390 N ORANGE AVE  
SUITE 1300  
ORLANDO, FL 32801 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

**OFFICERS AND DIRECTORS:**

Title: CDPT ( ) Delete  
Name: HEGGESTAD, ARNOLD A  
Address: 321 SHIZIN HALL, UNIV OF FL  
City-St-Zip: GAINESVILLE, FL 32611

Title: D ( ) Delete  
Name: ARONSON, DAN  
Address: 515 E LAS OLAS BLVD, STE 1500  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: SDV ( ) Delete  
Name: LAUBSCHER, LOUIS  
Address: 390 N. ORANGE AVENUE -SUITE 1300  
City-St-Zip: ORLANDO, FL 32801

Title: T ( ) Delete  
Name: HAUG, HOWARD  
Address: 390 N. ORANGE AVENUE -SUITE 1300  
City-St-Zip: ORLANDO, FL 32801

Title: AT ( ) Delete  
Name: MURPHY, PAMELA  
Address: 390 N. ORANGE AVENUE -SUITE 1300  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: C (X) Change ( ) Addition  
Name: HEGGESTAD, ARNOLD A  
Address: 321 SHIZIN HALL, UNIV OF FL  
City-St-Zip: GAINESVILLE, FL 32611

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

Title: SV (X) Change ( ) Addition  
Name: LAUBSCHER, LOUIS  
Address: 390 N. ORANGE AVENUE -SUITE 1300  
City-St-Zip: ORLANDO, FL 32801

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS LAUBSCHER

SV

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date