


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000000738							
1. Entity Name KEPACA LTD.							
Principal Place of Business 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			Mailing Address 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 48-1261362			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record. \$200,000.00			10. Amount of Capital Contributions in FLORIDA to date.				
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	L02000012116		STREET ADDRESS				
NAME	KEPACA LC		CITY-ST-ZIP				
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., SUITE 3400						
CITY-ST-ZIP	MIAMI, FL 33131						
DOCUMENT #			STREET ADDRESS				
NAME			CITY-ST-ZIP				
STREET ADDRESS				000000331067 04/26/05-80001-012 526.25			
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STREET ADDRESS							
CITY-ST-ZIP							
14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: <i>Christine K. Cas...</i>			Date: 3/26/05		Daytime Phone #: 305 376-4181		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>		

STAPLE CHECK HERE



01122005 Chg-LP CR2E003 (10/03)