

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

05 APR -6 AM 8:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000002259		
1. Entity Name RPK ASSOCIATES, LTD.		

Principal Place of Business THE BRANDYWINE CENTRE I 580 VILLAGE BLVD, SUITE 120 WEST PALM BEACH, FL 33409	Mailing Address THE BRANDYWINE CENTRE I 580 VILLAGE BLVD, SUITE 120 WEST PALM BEACH, FL 33409
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03292005 Chg-LP CR2E003 (10/03)

4. FEI Number 06-1566583	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE RICHMAN GROUP OF FLORIDA, INC. 580 VILLAGE BLVD STE. 120 WEST PALM BEACH, FL 33409	
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7. Name and Address of New Registered Agent	
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
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9. Capital Contributions as Shown on record. \$4,702,607.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	L99000009346	STREET ADDRESS	
NAME	RPK HOUSING, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	599 WEST PUTNAM AVENUE, SUITE 3		
CITY-ST-ZIP	GREENWICH, CT 06830		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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)(i), 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	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #
	Kristin M. Miller, President		203.869.0900

STAPLE CHECK HERE