


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # A0200000738 1. Entity Name KEPACA LTD.	
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Principal Place of Business 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	Mailing Address 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



02012008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 48-1261362	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  GY CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!! FEE IS \$500.00  
 After May 1, 2008, Fee will be \$900.00

06/02/08-80013-006 500.00

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	
DOCUMENT #	L02000012116
NAME	KEPACA LC
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., SUITE 3400
CITY- ST- ZIP	MIAMI, FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Christina K. Casey CHRISTINA CASEY      4/27/08      561 330 6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #