

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 MAY -4 A 8:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A01000001426 1. Entity Name RPV INVESTMENTS, LTD.	
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Principal Place of Business 16415 MIZNER CLUB DRIVE DELRAY BEACH, FL 33496	Mailing Address 16415 MIZNER CLUB DRIVE DELRAY BEACH, FL 33496
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2. Principal Place of Business 1181 S. ROGERS CIRCLE Suite, Apt. #, etc. SUITE 31 BOCA RATON, FL 33487	3. Mailing Address 1181 S. ROGERS CIRCLE Suite, Apt. #, etc. SUITE 31 BOCA RATON, FL 33487
City & State	City & State
Zip	Country

01192004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1147158	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fes Required
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6. Name and Address of Current Registered Agent NATIONAL CUSTOM HOMES IX, INC. 16415 MIZNER CLUB DRIVE DELRAY BEACH, FL 33496	
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7. Name and Address of New Registered Agent Name 1181 S. ROGERS CIRCLE Street Address (P.O. Box Number Not Acceptable) SUITE 31 BOCA RATON, FL 33487 City FL Zip Code	
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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.

9. Capital Contributions as Shown on record. \$959,000.00	10. Amount of Capital Contributions in FLORIDA to date. 994,000
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P01000102496 NATIONAL CUSTOM HOMES IX, INC 16415 MIZNER CLUB DRIVE DELRAY BEACH, FL 33496	STREET ADDRESS CITY-ST-ZIP	1181 S. ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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]* **4-15-04** **561 988 1267**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE