

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By May 1, 2005

DOCUMENT # A01000001426

1. Entity Name  
RPV INVESTMENTS, LTD.



Principal Place of Business  
1181 S. ROGERS CIRCLE, SUITE 31  
BOCA RATON, FL 33487

Mailing Address  
1181 S. ROGERS CIRCLE, SUITE 31  
BOCA RATON, FL 33487

FILED

05 MAY -2 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



02252005 Chg-LP CR2E003 (10/03)

4. FEI Number  
65-1147158

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

### 6. Name and Address of Current Registered Agent

NATIONAL CUSTOM HOMES IX, INC.  
1181 S. ROGERS CIRCLE, SUITE 31  
BOCA RATON, FL 33487

### 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record. \$994,000.00

10. Amount of Capital Contributions  
in FLORIDA to date. 1,129,347

**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 # P01000102496  
NAME NATIONAL CUSTOM HOMES IX, INC  
STREET ADDRESS 1181 S. ROGERS CIRCLE, SUITE 31  
CITY-ST-ZIP BOCA RATON, FL 33487

### 13. ADDRESS CHANGES ONLY

STREET ADDRESS 400053550174  
CITY-ST-ZIP 05/02/05--01005--023 \*\*1478.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/15/05

\$526.25

STATE OF FLORIDA