


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

**FILED
Mar 17, 2008 08:00 A
Secretary of State**


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 |
|--|--|

DO NOT WRITE IN THIS SPACE



01152008 No Chg-LP CR2E003 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1147158 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

**DO NOT WRITE
IN THIS SPACE**

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**

**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

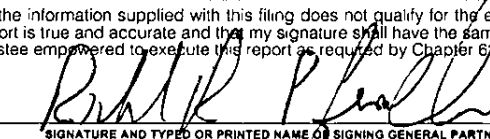
| | |
|----------------|---------------------------------|
| DOCUMENT # | P01000102496 |
| NAME | NATIONAL CUSTOM HOMES IX, INC |
| STREET ADDRESS | 1181 S. ROGERS CIRCLE, SUITE 31 |
| CITY-ST-ZIP | BOCA RATON, FL 33487 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT #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

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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:  **3-12-08** **561-988 1267**

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