2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

## FILED Apr 26, 2005 08:00 AM Secretary of State

	Due By	May 1, 2005	<u> </u>		Apr 20, 20	ary of State	
DOCUMENT # A0200000738  1. Entity Name KEPACA LTD.					Secreta	ary of State	
Principal Place of Business 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		Mailing Address 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		. : : : : : : : : : : : : : : : : :	I IV SUIII SUVUU 1956 Taisule si ilaas		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122005 Chg-LP CR	2E003 (10/03)		
City & State		City & State		4. FEI Number 48-1261362	Applied For Not Applicable		
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Register	ed Agent	
		<del>-1</del>		Name			
VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131				Street Address (	9ss (P.O. Box Number is Not Acceptable)		
				City	FL Zip Code		
8. The above the obliga	named entity submits this statement for tions of registered agent.	or the purpose of changing its	register	ed office or register	ed agent, or both, in the State of Florida. 1	am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered again	and title if applicable	<u></u>		1 DAY	ne .	
9. Capital Contributions as Shown on record. \$200,000.00 In FLORIDA to date.							
	A GENERAL PARTNER	THAT IS A BUSINESS EN	TITY N	UST BE REGIST	ERED AND ACTIVE WITH THIS OFF t must be filed to change a general	TCE.	
12.	GENERAL PARTNE		13.		ADDRESS CHANGES		
DOCUMENT #	L02000012116		STR	EET ADDRESS			
NAME	KEPACA LC		SIR	CET ADDITIONS			
STREET ADDRESS CITY-ST-ZIP	2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131		CITY	'- ST-ZIP			
DOCUMENT # NAME			STRE	EET AODRESS			
STREET ADDRESS CITY-ST-ZIP			ÇITY	'-ST-ZIP	00000331 04/26/05-800	067 01-012 526.25	
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eocument # Name			STRE	ET ADDRÉSS		. <del></del>	
STREET ADDRESS OTY-ST-ZIP				-ST-ZIP			
14. I hereby of indicated the receiv	certify that the information supplied with on this report is true and accurate and er or trustee empoyered to execute thi	this filing does not qualify for That my signature shall have t s report as required by Chapt	the exer the same ter 620, f	mption stated in Sec e legal effect as if m Florida Statutes	ction 119.07(3)(i), Florida <sup>t</sup> Statutes. I further ( ade under oath, that I am a General Partner	certify that the information of the limited partnership or	