


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

<b>DOCUMENT # A02000000738</b> 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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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country
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**FILED**  
 06 MAY 2006 PM 1:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



02212006    Chg-LP    CR2E003 (11/05)

4. FEI Number 48-1261362	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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6. Name and Address of Current Registered Agent  VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., SUITE 3400 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name GY Corporate Services, Inc. Street Address (P.O. Box Number is Not Acceptable)  2 S. Biscayne Blvd., Suite 3400 City      Miami      FL      Zip Code      33131
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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 Mark J. Scheer, President      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L02000012116	STREET ADDRESS	
NAME	KEPACA LC	CITY-ST-ZIP	
STREET ADDRESS	2 SOUTH BISCAYNE BLVD., SUITE 3400		
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Thomas J. Casey      Tom Casey, MGR      4/22/06      305-376-4181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE