

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED

06 MAY 22 PM 2:25

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A05000000252

1. Entity Name
RPCP INVESTMENTS, LLLP



Principal Place of Business
**595 SOUTH FEDERAL HIGHWAY, SUITE 600
BOCA RATON, FL 33432**

Mailing Address
**595 SOUTH FEDERAL HIGHWAY, SUITE 600
BOCA RATON, FL 33432**

2. Principal Place of Business
595 S. Federal Hwy

3. Mailing Address
595 S. Federal Hwy

Suite, Apt. #, etc.
500

Suite, Apt. #, etc.
500

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country
Palm Beach

Zip
33432

Country
Palm Beach

05152006 Chg-LP CR2E003 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
350 E. LAS OLAS BLVD., SUITE 1600
FORT LAUDERDALE, FL 33301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**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 # **P05000033488**
NAME **RPCP INVESTMENTS, INC.**
STREET ADDRESS **595 SOUTH FEDERAL HIGHWAY, SUITE 600**
CITY-ST-ZIP **BOCA RATON, FL 33432**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **595 S. Federal Hwy # 500**
CITY-ST-ZIP **Boca Raton, FL 33432**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Robert C. Farenhem

5-17-06

361-955-2300

Date

Daytime Phone #

STAPLE CHECK HERE