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(Socialistic Names)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

TO: Registration Section Division of Corporation	ons
SUBJECT: RPCP Investments	LLLP
Name of Li	mited Partnership or Limited Liability Limited Partnership
DOCUMENT NUMBER: A	05000000252
The enclosed Statement of Cl fee(s) are submitted for filing	hange of Registered Office and/or Registered Agent and
Please return all corresponder	nce concerning this matter to:
Richard C. Rochon	
Contac	t Person
RPCP Investments LLLP	
Firm/Co	ompany
150 E. Palmetto Park Rd, Suite 800)
Ad	dress
Boca Raton, FL 33432	
City, State a	and Zip Code
malbrecht@rpcp.com	
E-mail address: (to be used for	or future annual report notification)
For further information conce	erning this matter, please call:
Richard C. Rochon	at ()_955-7300
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check m	nade payable to the Florida Department of State.
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

· · · · · ·

change its regist	ered office or registered agent, or b	ooth, in the state of Florida.		
1 RPCP In	vestments LLLP			
	Name of Limited Partnership or Limi	ted Liability Limited Partners	hip	
2.2/4/2005		_{3.} A05000000252		
Date of filing/registration in Florida		Florida document number		
4. The name of the Department of Sta	ne registered agent and the registered oute:	ffice address as shown on the	records of the Florida	
	NRAI Services Inc			
	Name	e		
	1200 S. Pine Island	d Rd		
	Addre	SS		
	Plantation FL 333	24		
	City, State	and Zip		
5. The name and	Florida street address of the new regis	tered agent and/or office:	21	
	Judy A. Schweers		FILE MAR 31	
	Name	2	ωF	
	150 E. Palmetto Park Re	d, Suite 800		
	Florida street address (P.C	50 € 0		
	Boca Raton	FL 33432	BI M 9: 02	
	City, State	and Zip		
6. Such change(s)) is/are effective when filed by the Flor	rida Department of State.		
Signature of Gene	ral Partner			
I harabu aggant th	e appointment as registered agent and	Lagran to not in this agracity	I further norms to	
comply with the pi	rovisions of all statutes relative to the	proper and complete perform		
and I am familiar	with an accept the obligations of my p	osition as registered agent,		
	43h			
Signature of Rogis	stered Agent			
	J			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50