

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A05000001452

1. Entity Name
RPB VENTURE, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 FEB 24 AM 10:33

Principal Place of Business
6530 WEST ROGERS CIRCLE SUITE 31
ATTN: SEAN M. LEDER
BOCA RATON, FL 33487

Mailing Address
6530 WEST ROGERS CIRCLE SUITE 31
ATTN: SEAN M. LEDER
BOCA RATON, FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01312006 Chg-LP CR2E003 (11/05)

4. FEI Number

20-3305300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LEDER, SEAN M
6530 WEST ROGERS CIRCLE SUITE 31
BOCA RATON, FL 33487

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
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 # **L05000071875**
 NAME **RPB VENTURE GP, LLC**
 STREET ADDRESS **6530 WEST ROGERS CIRCLE SUITE 31**
 CITY-ST-ZIP **BOCA RATON, FL 33487**

STREET ADDRESS

CITY-ST-ZIP

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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

Date

Daytime Phone #

SEAN M. LEDER

2/14/06

(561) 995-7878 X1

STAPLE CHECK HERE