

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 2:47

DOCUMENT # A05000001452 1. Entity Name RPB VENTURE, LTD.			
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 - No P.O. Box # 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338		3. Mailing Address 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338	
Zip 	Country	Zip 	Country
4. FEI Number 20-3305300		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 A 4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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 # NAME STREET ADDRESS CITY - ST - ZIP	L05000071875 RPB VENTURE GP, LLC 6530 WEST ROGERS CIRCLE SUITE 31 BOCA RATON, FL 33487	STREET ADDRESS CITY - ST - ZIP	4755 Technology Way Ste. 202 Boca Raton, FL 33431-3338
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Sean Leder 2/27/08 <small>Date Daytime Phone #</small>	

STAPLE CHECK HERE

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