


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**

**06 MAY 22 PM 2: 25**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

DOCUMENT # A05000001919		
1. Entity Name CPACW, LLLP		

Principal Place of Business 595 SOUTH FEDERAL HWY, SUITE 600 BOCA RATON, FL 33432	Mailing Address 595 SOUTH FEDERAL HWY, SUITE 600 BOCA RATON, FL 33432
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2. Principal Place of Business 595 S. Federal Hwy Suite, Apt. #, etc. # 500	3. Mailing Address 595 S. Federal Hwy Suite, Apt. #, etc. # 500
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City & State Boca Raton, FL Zip 33432 Country Palm Beach	City & State Boca Raton, FL Zip 33432 Country Palm Beach
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05152006 Chg-LP CR2E003 (11/05)

4. FEI Number 20-3599152	Applied For 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 AMERICAN INFORMATION SERVICES, INC. 350 EAST LAS OLAS BLVD. LAS OLAS CENTER II, SUITE 1600 FORT LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P05000033488 RPCP INVESTMENTS, INC. 595 SOUTH FEDERAL HWY, SUITE 600 BOCA RATON, FL 33432	STREET ADDRESS CITY-ST-ZIP	595 S. Federal Hwy, Ste 600 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	500075105885 05/23/06--01055--008 **500.00
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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:** Robert C. Forenham **5-17-06** **561-955-7300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE