



2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 08, 2008 08:00 AM
Secretary of State

| | |
|--------------------------------|---|
| DOCUMENT # A07000000522 |  |
| 1. Entity Name CPAC I, LLLP | |

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| Principal Place of Business 595 S. FEDERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432 | Mailing Address 595 S. FEDERAL HIGHWAY SUITE 500 BOCA RATON, FL 33432 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|--|---------------------------------------|
|  | |
| 01292008 Chg-LP | CR2E003 (12/06) |
| 4. FEI Number 26-0474816 | Applied For Not Applicable |
| 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 | |
| CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 | |

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|--|----------|
| 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 _____ DATE 02/18/08

Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 |
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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 S. FEDERAL HIGHWAY BOCA RATON, FL 33432 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
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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. Foren hem 2-5-08 561-955-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER