## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

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## DOCUMENT # A18422 04 APR 29 AM 10: 09 1. Entity Name RPVG, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address C/O RAUCH, WEAVER, NORFLEET, KURTZ & CO. C/O RAUCH, WEAVER, NORFLEET, KURTZ & CO. 5300 NO. FEDERAL HWY. 5300 NO. FEDERAL HWY. FORT LA DERDALE, 33 33308-3200 FORT LAUDERDALE, 33 33308-3200 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number Not Applicable 59-2487480 Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENNETT, ROY D Street Address (P.O. Box Number is Not Acceptable) 2133 N.E. 67TH STREET FORT LAUDERDALE, FL 33308 City 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 9. Capital Contributions 10. Amount of Capital Contributions \$ 55,750,00 \$55,750.00 as Shown on record. in FLORIDA to date. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. DOCUMENT # STREET ADDRESS NAME BENNETT, ROY D STREET ADDRESS 2133 N.E. 67TH STREET CITY-ST-ZIP CITY-ST-2IP FORT LAUDERDALE, FL 33308 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS: NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP D0CUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP TY-SI-ZIP I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER