


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Mar 17, 2008 08:00 A
Secretary of State**

DOCUMENT # A93000000479 1. Entity Name RPG OF HOMESTEAD, LTD.	
---	---

Principal Place of Business 5709 NW 158 ST BLDG 46 MIAMI LAKES, FL 33014	Mailing Address 5709 NW 158 ST BLDG 46 MIAMI LAKES, FL 33014
---	---

DO NOT WRITE IN THIS SPACE



02252008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0518191	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent

LEWIS SWEZY
5709 NW 158 ST
BLDG 46
MIAMI LAKES, FL 33014

**DO NOT WRITE
IN THIS SPACE**

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
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	
DOCUMENT #	P94000037441
NAME	SOUTH WIND APARTMENTS OF HOMESTEAD, INC.
STREET ADDRESS	C/O 168 HIALEAH DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000962488
04/03/08-80051-019 508.75

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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:  04/26/08 (305) 621-0330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #