


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000002644	
1. Entity Name CRP ONE LTD. PARTNERSHIP	

Principal Place of Business FIRST NAT'L BANK OF S MIAMI 5750 SUNSET DR. MIAMI, FL 33143	Mailing Address FIRST NAT'L BANK OF S MIAMI 5750 SUNSET DR. MIAMI, FL 33143
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
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CHRYSAL, NEIL R ESQ. C/O DUNWODY WHITE & LONDON, P.A. 550 BILTMORE WAY, SUITE 810 CORAL GABLES, FL 33134	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #	P98000060339	STREET ADDRESS	
NAME	CRP CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	260 HARBOR DRIVE	STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	000000541382
NAME		CITY-ST-ZIP	05/10/06-80075-017 500.00
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

CRP Corporation, General Partner
SIGNATURE: By: *Suzanne Roff* 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date
 Suzanne Roff, President Daytime Phone #