

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 19, 2007 08:00 A**  
**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



03212007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0883683                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

CHRYSTAL, NEIL R ESQ.  
 C/O DUNWODY WHITE & LANDON, P.A.  
 550 BILTMORE WAY, SUITE 810  
 CORAL GABLES, FL 33134

**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, 2007, 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 #                      | P98000060339            |
| NAME                            | CRP CORPORATION         |
| STREET ADDRESS                  | 260 HARBOR DRIVE        |
| CITY-ST-ZIP                     | KEY BISCAIYNE, FL 33149 |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |
| DOCUMENT #                      |                         |
| NAME                            |                         |
| STREET ADDRESS                  |                         |
| CITY-ST-ZIP                     |                         |

**DO NOT WRITE IN THIS SPACE**

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 05/01/07-80023-003 500.00

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: Shayne Roff  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/07 305-529-1500  
Date Daytime Phone #

STAPLE HERE