

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 25, 2008 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



02132008 No Chg-LP CR2E003 (12/06)

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

DO NOT WRITE IN THIS SPACE

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, 2008, Fee will be \$900.00

U00000869563
 04/09/08-80055-007 500.00

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**

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, as General Partner

SIGNATURE: By: Shame Roff 3/15/08 305.524.500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STATE OF FLORIDA