


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
Jan 12, 2005 08:00 AM
Secretary of State**

DOCUMENT # A98000002721					
1. Entity Name ARRP FAMILY LIMITED PARTNERSHIP, LTD.					
Principal Place of Business 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308			Mailing Address 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0881379	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COPPOLA, ROBERT C 190 N. COMPASS DRIVE FT. LAUDERDALE, FL 33308			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,500,000.00		10. Amount of Capital Contributions 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.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	COPPOLA, ROBERT C		STREET ADDRESS	000000177842 01/12/05 80883 802 535.00	
NAME	190 N. COMPASS DRIVE		CITY-ST-ZIP		
STREET ADDRESS	FT. LAUDERDALE, FL 33308				
CITY-ST-ZIP					
DOCUMENT #	COPPOLA, PATRICE M		STREET ADDRESS		
NAME	190 N. COMPASS DRIVE		CITY-ST-ZIP		
STREET ADDRESS	FT. LAUDERDALE, FL 33308				
CITY-ST-ZIP					
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing 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					
SIGNATURE: <u>Patrice M. Coppola</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date <u>1/12/05</u> Daytime Phone # <u>(954) 972-2299</u>	

STAPLE CHECK HERE