



2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A99000000978 1. Entity Name R.P.A. FAMILY LTD. PARTNERSHIP	
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FILED
 07 MAY 24 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 1780 NORTH COMMERCE PARKWAY WESTON, FL 33326	Mailing Address 1780 NORTH COMMERCE PARKWAY WESTON, FL 33326
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04252007	Chg-LP	CR2E003 (12/06)
4. FEI Number 65-0932088		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
RARICK, PHILLIP B ESQ. 7850 N.W. 146TH STREET, SUITE 502 MIAMI LAKES, FL 33016	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) The Colonnade at Miami Lakes	
6500 Cowpen Rd. Ste. 204	
City Miami Lakes	FL Zip Code 33014

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 _____

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000037814	STREET ADDRESS	
NAME	PICRES INVESTMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	1780 NORTH COMMERCE PARKWAY		
CITY-ST-ZIP	WESTON, FL 33326		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

588183629655
 05/31/07--01054--025 **500.00

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: Josefina Piedra **Josefina Piedra** 4/26/07 (954)217-9100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **PICRES INV. INC.** Date Daytime Phone #