2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008 **DOCUMENT #A99000000978** 1. Entity Name R.P.A. FAMILY LTD. PARTNERSHIP Principal Place of Business Mailing Address 1780 NORTH COMMERCE PARKWAY 1780 NORTH COMMERCE PARKWAY WESTON, FL 33326 WESTON, FL 33326 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent

FILED Apr 16, 2008 08:00 Al Secretary of State



04122008 No Chg-LP CR2E003 (12/06) Applied For 4. FEI Number Not Applicable

5. Certificate of Status Desired

65-0932088

\$8.75 Additional Fee Required

RARICK, PHILLIP B ESQ.

STAPLE CHECK HERE

SIGNATURE:

DO NOT WRITE

THE COLONNADE AT MIAMI LAKES 6500 COWPEN RD., STE 204 MIAMI LAKES, FL 33014		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 Signature, typed or printed name of registered agent and title if applicable.		DATE
FILE NOW!!! FEE !S \$500.00 After May 1, 2008, Fee will be \$900.00		U00000901828
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.		
DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT /	GENERAL PARTNER INFORMATION P97000037814 PICRES INVESTMENT, INC. 1780 NORTH COMMERCE PARKWAY WESTON, FL 33326	•
NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	\	IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the ex	emptions contained in Chapter 119, Florida Statutes, I further certify that the information
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		

E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER