

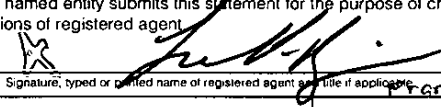
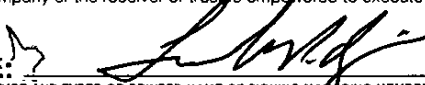


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90143 001 \*\*\*575.00

<b>DOCUMENT # L00000012336</b> 1. Entity Name <b>THE RIPA INVESTMENT PARTNERSHIPS LIMITED LIABILITY COMPANY</b>					
Principal Place of Business <b>10149 FISHER AVENUE TAMPA, FL 33619-7843</b>				Mailing Address <b>10149 FISHER AVENUE TAMPA, FL 33619-7843</b>	
2. Principal Place of Business - No P.O. Box # <b>1409 TECH BLD</b>		3. Mailing Address <b>1409 TECH Blvd</b>		  02042008    Chg-LLC    CR2E083 (12/06)	
Suite, Apt. #, etc. <b>Suite 1</b>		Suite, Apt. #, etc. <b>Suite 1</b>			
City & State <b>TAMPA, FL</b>		City & State <b>TAMPA FL</b>			
Zip <b>33619</b>		Zip <b>33619</b>			
Country <b>US</b>		Country <b>US</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent  <b>RIPA, FRANK P 10149 FISHER AVENUE TAMPA, FL 33619-7843</b>				7. Name and Address of New Registered Agent Name <b>Frank P. RIPA</b> Street Address (P.O. Box Number is Not Acceptable) <b>1409 TECH Blvd, Suite 1</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33619</b>	
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  <b>Frank P. RIPA</b> DATE <b>2-6-08</b> <small>Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIPA, FRANK P 10149 FISHER AVENUE TAMPA, FL 336197843	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIPA, Frank P. 1409 TECH Blvd, Suite 1 TAMPA, FL 33619	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <b>Frank P. RIPA</b>				Date <b>0</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # <b>813-623-6777</b>	