


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Jan 17, 2007 08:00 AM
Secretary of State**

DOCUMENT # A00000002019 1. Entity Name HOPE LACE, LLLP	
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Principal Place of Business 6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	Mailing Address 6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487
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DO NOT WRITE IN THIS SPACE

01102007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-1072154	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JABLIN, ROBERT 6100 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487

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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 _____
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**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	
DOCUMENT #	P00000116325
NAME	RVAK, INC.
STREET ADDRESS	6100 PARK OF COMMERCE BLVD.
CITY-ST-ZIP	BOCA RATON, FL 33487
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000589369
01/18/07-80012-019 500.00

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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	1-10-07 <small>Date</small>	561-995-2414 <small>Daytime Phone #</small>
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