

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

<b>DOCUMENT # A01000001089</b> 1. Entity Name <b>R.K. HALLANDALE LIMITED PARTNERSHIP</b>	
--	---


Principal Place of Business <b>17100 COLLINS AVENUE</b> <b>MIAMI BEACH, FL 33160</b>	Mailing Address <b>% R.K. ASSOCIATES, INC.</b> <b>PO BOX 111</b> <b>DEDHAM, MA 02027-0111</b>
--	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED

2005 MAR -7 P 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02072005    Chg-LP    CR2E003 (10/03)

4. FEI Number <b>04-3573512</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>KATZ, RAANAN</b> <b>17100 COLLINS AVENUE, STE 225</b> <b>MIAMI BEACH, FL 33160-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
---	---

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$7,500.00</b>	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 #	P01000080251	STREET ADDRESS	
NAME	R.K. HALLANDALE, INC.	CITY-ST-ZIP	
STREET ADDRESS	17100 COLLINS AVENUE		
CITY-ST-ZIP	MIAMI BEACH, FL 33160		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:** \_\_\_\_\_ **2/25/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE