

**2006 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2006**

**FILED  
Feb 21, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A01000001089**

1. Entity Name  
**R.K. HALLANDALE LIMITED PARTNERSHIP**



Principal Place of Business  
**17100 COLLINS AVENUE  
MIAMI BEACH, FL 33160**

Mailing Address  
**% R.K. ASSOCIATES, INC.  
PO BOX 111  
DEDHAM, MA 02027-0111**



02032006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent

**KATZ, RAANAN  
17100 COLLINS AVENUE, STE 225  
MIAMI BEACH, FL 33160-2525**

**DO NOT WRITE  
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 IS \$500.00  
After May 1, 2006, 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 #	<b>PD1000080251</b>
NAME	<b>R.K. HALLANDALE, INC.</b>
STREET ADDRESS	<b>17100 COLLINS AVENUE</b>
CITY-ST-ZIP	<b>MIAMI BEACH, FL 33160</b>

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*David Katz*

2/15/06

305-949-4110

Date

Daytime Phone #