

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 07, 2008 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
--	---

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 04-3573512	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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 #	P01000080251
NAME	R.K. HALLANDALE, INC.
STREET ADDRESS	17100 COLLINS AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33160
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000819927
02/18/08-80008-004 500.00

DO NOT WRITE IN THIS SPACE

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:  **DAVID KATZ** 2-1-08 781-320-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #