2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A0400002000

1. Entity Name

RAK DELRAY VENTURES LIMITED PARTNERSHIP



Principal Place of Business

400 MADISON AVENUE, SUITE B NEW YORK, NY 10017 Mailing Address

400 MADISON AVENUE, SUITE B NEW YORK, NY 10017

FILED Apr 30, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

| 02212007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-2005526

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401		DO NOT WRITE IN THIS SPACE
	e named entity submits this statement for the purpose of changing its retions of registered agent.	gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	00
	NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT #	P04000168325	
NAME	RAK DELRAY CORP.	
STREET ADDRESS	400 MADISON AVE., SUITE 2B	
CITY-ST-ZIP	NEW YORK, NY 10017	
DOCUMENT #		
NAME		
STREET ADDRESS CITY-ST-ZIP		
		the state of the s
DOCUMENT # NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		DO NOT WINITE
DOCUMENT #		IN THIS SPACE
NAME		IN THIS STAGE
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		U00000746853
CITY-ST-ZIP		05/17/07-80002-020 500.00

STAPLE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 employeed to pyecute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/07

Daytime Phone ∉