


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # A04000002000**

1. Entity Name  
**RAK DELRAY VENTURES LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
**400 MADISON AVENUE, SUITE B**      **400 MADISON AVENUE, SUITE B**  
**NEW YORK, NY 10017**      **NEW YORK, NY 10017**

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>20-2005526</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

**VALDES-FAULI CORPORATE SERVICES, INC.**  
**777 S. FLAGLER DRIVE, SUITE 500 EAST**  
**WEST PALM BEACH, FL 33401**

**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>P04000168325</b> <b>RAK DELRAY CORP.</b> <b>400 MADISON AVE., SUITE 2B</b> <b>NEW YORK, NY 10017</b>
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02/04/08-80005-020 500.00

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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:       1/22/08      212-245-1601

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