

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

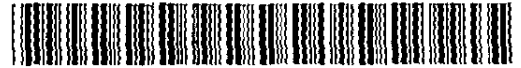
**FILED  
Apr 19, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # A04000002001**  
1. Entity Name  
**RAK DELRAY LIMITED PARTNERSHIP**



Principal Place of Business      Mailing Address  
400 MADISON AVENUE, SUITE 2B      400 MADISON AVENUE, SUITE 2B  
NEW YORK, NY 10017      NEW YORK, NY 10017

**DO NOT WRITE IN THIS SPACE**



03082006 No Chg-LP      CR2E003 (11/05)

4. FEI Number      Applied For  
20-2005569      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**

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, 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 #	A04000002000
NAME	RAK DELRAY VENTURES LIMITED PARTNERSHIP
STREET ADDRESS	400 MADISON AVE., SUITE 2B
CITY - ST - ZIP	NEW YORK, NY 10017
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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CITY - ST - ZIP	

U00000518554  
05/02/06-80016-007 500.00

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

4/19/06