



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

**FILED
Jan 31, 2008 08:00 AM
Secretary of State**

DOCUMENT # A05000000868 1. Entity Name RAK CHARLES TOWNE LIMITED PARTNERSHIP	
---	---

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

DO NOT WRITE IN THIS SPACE

	
01082008 No Chg-LP	CR2E003 (12/06)
4. FEI Number 20-2745473	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 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	A05000000867 RAK CHARLES TOWNE VENTURES LIMITED PARTNER 400 MADISON AVENUE, SUITE 2B NEW YORK, NY 10017
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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U00000809649
02/08/08-80031-004 500.00

**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: 	Date: 1/22/08	Daytime Phone #: 212/245-1609
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		