## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

**DOCUMENT # A05000000869** 

1. Entity Name

RAK MANOR ROW VENTURES LIMITED PARTNERSHIP



FILED Apr 26, 2007 08:00 AM Secretary of State

Principal Place of Business

400 MADISON AVE, STE 2B NEW YORK, NY 10017 Mailing Address

400 MADISON AVE, STE 2B NEW YORK, NY 10017



## DO NOT WRITE IN THIS SPACE

02212007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-2745621

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DR, STE 500 EAST WEST PALM BEACH, FL 33401

## DO NOT WRITE IN THIS SPACE

	ed entity submits this statement for the purpose of changing its reg of registered agent.	] gistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	_
SIGNATURE	pre, typed or printed name of registered agent and little if applicable	DATE	
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	0	
N		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# P050	000064068		
NAME RAK	MANOR ROW CORP.		
STREET ADDRESS 400	MADISON AVE, STE 2B	U00000735129	
CITY-ST-ZIP NEV	V YORK, NY 10017		
DOCUMENT #		05/10/07-80021-013 500.00	
NAME		•	
STREET ADDRESS			
CITY-ST-ZIP		•	
DOCUMENT #		•	
NAME			
STREET ADDRESS		DO NOT WRITE	
CITY-ST-ZIP			

LE CHECK HERE

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
COCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

IN THIS SPACE

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 advarate 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:** 

GNATURE INTERPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/25/07

Daylime Phone #