2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A05000000869

1. Entity Name

STAPLE CHECK HERE

SIGNATURE:

RAK MANOR ROW VENTURES LIMITED PARTNERSHIP



FILED Feb 05, 2008 08:00 Al 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



01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-2745621

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 DR, STE 500 EAST WEST PALM BEACH, FL 33401

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WEST PALM BEACH, FL 33401		IN THIS SPACE
	named entity submits this statement for the purpose of changing it tions of registered agent.	is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typeg or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$90	00.00
	A GENERAL PARTNER THAT IS A BUSINESS E NOTE: General Partners MAY NOT be changed on	NTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P05000064068 RAK MANOR ROW CORP. 400 MADISON AVE, STE 2B NEW YORK, NY 10017	
DOCUMENT ₹ NAME STREET ADDRESS CITY-ST-ZIP		U00000816165 02/14/08-80038-012 500.00
DOCUMENT # NAME. STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
DOCUMENT # NAME STREET ADDRESS CITY:ST ZIP	,	IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-SI-7IP		

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 cath; 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

YPED OR PRINTED NAME OF SIGNING GENERAL PARTNER