


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


<b>DOCUMENT # A05000000870</b> 1. Entity Name <b>RAK MANOR ROW LIMITED PARTNERSHIP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 APR 24 AM 11:15

Principal Place of Business <b>400 MADISON AVE, STE 2B          NEW YORK, NY 10017</b>	Mailing Address <b>400 MADISON AVE, STE 2B          NEW YORK, NY 10017</b>
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2. Principal Place of Business	3. Mailing Address	03082006 Chg-LP CR2E003 (11/05)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number <b>20-2745672</b>
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

	
Applied For	Not Applicable

<b>6. Name and Address of Current Registered Agent</b>  <b>VALDES-FAULI CORPORATE SERVICES, INC.</b> <b>777 S FLAGLER DR, STE 500 EAST</b> <b>WEST PALM BEACH, FL 33401</b>	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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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	13. ADDRESS CHANGES ONLY
DOCUMENT # <b>A05000000869</b> NAME <b>RAK MANOR ROW VENTURES LIMITED PARTNERSHIP</b> STREET ADDRESS <b>400 MADISON AVE, STE 2B</b> CITY-ST-ZIP <b>NEW YORK, NY 10017</b>	STREET ADDRESS _____ CITY-ST-ZIP _____ <div style="text-align: center; font-size: 1.2em; font-weight: bold;">400074090024</div> <div style="text-align: center; font-weight: bold;">05/08/06--01009--015 **500.00</div>
DOCUMENT # _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	STREET ADDRESS _____ CITY-ST-ZIP _____
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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:**  **4/07/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #