


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

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #A22132</b> 1. Entity Name 18100 COLLINS AVENUE SHOPPING CENTER, LTD.	
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Principal Place of Business 17100 COLLINS AVENUE SUITE 225 SUNNY ISLES BEACH, FL 33160	Mailing Address 17100 COLLINS AVENUE SUITE 225 SUNNY ISLES BEACH, FL 33160
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2663220	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, RAANAN  
17100 COLLINS AVE  
SUITE 225  
SUNNY ISLES BEACH, FL 33160

**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 02/28/07-80089-013 500.00

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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 #	M27776
NAME	R.K. ASSOCIATES #1, INC
STREET ADDRESS	17100 COLLINS AVE. STE225
CITY-ST-ZIP	SUNNY ISLES BCH, FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:** *R.K. Katz* **Date:** 2-13-07 **Daytime Phone #:** 781-320-0001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER