


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # A22132
 1. Entity Name
 18100 COLLINS AVENUE SHOPPING CENTER, LTD.



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



01082008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-2663220	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
 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 _____
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 #	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	

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 02/18/08-80008-006 500.00

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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:  **David Katz** 2-1-08 781-320-0001
Signature and Typed or Printed Name of Signing General Partner Date Daytime Phone #