


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000002000	
1. Entity Name RAK DELRAY VENTURES LIMITED PARTNERSHIP	

Principal Place of Business 400 MADISON AVENUE, SUITE B NEW YORK, NY 10017	Mailing Address 400 MADISON AVENUE, SUITE B NEW YORK, NY 10017
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03252005	Chg-LP	CR2E003 (10/03)
4. FEI Number 20-2005526	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 VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent
	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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.

9. Capital Contributions as Shown on record. \$10,612.00	10. Amount of Capital Contributions in FLORIDA to date. 10,612	\$ 163.03
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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 #	P04000168325	STREET ADDRESS	
NAME	RAK DELRAY CORP.	CITY-ST-ZIP	
STREET ADDRESS	400 MADISON AVE., SUITE 2B		
CITY-ST-ZIP	NEW YORK, NY 10017		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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STREET ADDRESS			
CITY-ST-ZIP			

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05/11/05--01005--022 **163.03

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date 4/14/05	Daytime Phone # 212-245-1609
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		