2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

DOCUMENT # A0400002083 1. Entity Name RAK LAKEVIEW VENTURES LIMITED PARTNERSHIP				FILED
				05 APR 19 PM 1:44
Principal Place of Business 400 MADISON AVENUE, STE. 2B NEW YORK, NY 10017		Mailing Address 400 MADISON AVENU NEW YORK, NY 1001		SECRE LIGHT OF STATE FALLACIESSEE FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03252005 Chg-LP CR2E003 (10/03)
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied For Not Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, STE. 500 EAST WEST PALM BEACH, FL 33401			Name Street Addre	ess (P.O. Box Number is Not Acceptable)
			City	Zip Code
8. The above the obliga	e named entity submits this statem tions of registered agent.	ent for the purpose of changing its	s registered office or reg	pistered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered	d agent and little if applicable.		DATE
9. Capital Cas Shown	ontributions \$13,662.00	10. Amount of Capit in FLORIDA to c	tal Contributions 13	,800 \$ /85.35
	A GENERAL PARTN	ER THAT IS A BUSINESS EN	TITY MUST BE REC	GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.
12.		RTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT #	RAK LAKEVIEW CORP.		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	100 111 1010011111 211021 01121 20		CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADDRESS	
STREET ADDRESS - CITY-ST-ZIP			CITY-ST-ZIP	
DOCUMENT # NAME			STREET ADORESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	100054240971 05/11/0501005025 **185.35
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			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
STREET ADDRESS		- March	CITY-ST-ZIP	
	1/ (nd with this filing does not qualify for e)and that my signature shall have ule this report as required by Cha	or the exemption stated in the same legal effect a poter 620, Florida Statute.	in Section 119.07(3)(i), Florida Statutes. I further certify that the information is if made under oath; that I am a General Partner of the limited partnership of s
SIGNA	I UHE:	PED OR PRINTED NAME OF SIGNING GENE	RAL PARTNER	4/14/65 2/2-245-/60/