

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 MAR 12 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000247		
1. Entity Name BERAJA INVESTMENTS, LTD.		

Principal Place of Business 2550 DOUGLAS ROAD, FIRST FLOOR CORAL GABLES, FL 33134-6126	Mailing Address 2550 DOUGLAS ROAD, FIRST FLOOR CORAL GABLES, FL 33134-6126
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. Suite # 301		Suite, Apt. #, etc. Suite # 301	
City & State		City & State	
Zip	Country	Zip	Country



01232007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1085476	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVIN, STANTON G ESQ. C/O LEVIN & ANDRESS 1570 MADRUGA AVE., SUITE #311 CORAL GABLES, FL 33146		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
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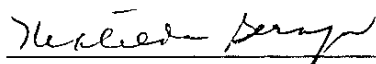
FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000016889	STREET ADDRESS	Suite # 301
NAME	BERAJA INVESTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2550 DOUGLAS ROAD, FIRST FLOOR		
CITY-ST-ZIP	CORAL GABLES, FL 331346126		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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02/14/07--01042--010 **500.00

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: 	03-09-07	305-357-1708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE