## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

## DOCUMENT # A05000000860

1. Entity Name

RAK BELMONT LIMITED PARTNERSHIP

Principal Place of Business

400 MADISON AVENUE, SUITE 2B NEW YORK, NY 10017 Mailing Address

400 MADISON AVENUE, SUITE 2B NEW YORK, NY 10017 FILED
Jan 28, 2008 08:00 AN
Secretary of State



DO NOT WRITE IN THIS SPACE

01082008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-2745324

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500 WEST PALM BEACH, FL 33401

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of changing its rations of registered agent.	egistered office or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable			DATE
	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 #	A05000000859		
NAME	RAK BELMONT VENTURES LIMITED PARTNERSHIP		

STREET ADDRESS 400 MADISON AVENUE, SUITE 2B CITY - ST - ZIP NEW YORK, NY 10017 DOCUMENT # NAMI-STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

000000802587 02/04/08-80005-019 500.00

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14. I hereby certify that the information supplied with this filling 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:

STAPLE CHECK

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PR

1/22/08

212-245-1601

Date