


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Aug 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000247</b> 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
--	--



07062006 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1085476	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LEVIN, STANTON G ESQ.  
C/O LEVIN & ANDRESS  
1570 MADRUGA AVE., SUITE #311  
CORAL GABLES, FL 33146

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S.,  
the limited partnership did not receive the  
prior notice.

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

U000000573039  
08/01/06-80011-014 500.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Suzanne Bering  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/27/06

Date

(305) 357-1706  
Daytime Phone #

STAPLE CHECK HERE