2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

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DOCUMENT # A0100000247 1. Entity Name BERAJA INVESTMENTS, LTD.					2007	FILL MAR 12		
Principal Place of Business Mailing Address					TALI	CRETARY O AHASSEE.	FSTATE	
2550 DOUGLAS ROAD, FIRST FLOO R 2550 DOUGLAS ROAD, FI						ייייאטטנב,	FLORIDA	
CORAL GABLES, FL 33134-6126 CORAL GABLES, FL 3313				126				
Principal Place of Business - No P.O. Box #								
Suite, Apt. #, etc. Svite # 301 Suite #					01232007	Chg-LP	CR2E003 (1	12/06)
City & State City & State					4. FEI Number			Applied For
				65-1085	476		Not Applicable	
Zip	Country	Country Zip Co		ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Curren	t Registered Agent		T	7. Name and A	Address of New F		
LEVAN OF				Name				
LEVIN, STANTON G ESQ. C/O LEVIN & ANDRESS 1570 MADRUGA AVE., SUITE #311				Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES, FL 33146								
				City	FL Zip Code			Ip 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 Signature, typed or printed name of registered agent and tale if applicable.								
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 PARTNE	m; an amenome	ent must be filed		ANGES ONLY	- /X//-		
DOCUMENT #				REET ADDRESS	suite # 301			
NAME CORET ADDRESS	TADDRESS 2550 DOUGLAS ROAD, FIRST-FLOOR-				2017 C #1	501		
CITY-ST-ZIP			CIT	Y-ST-ZIP				
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NAME STREET ADDRESS				<u> </u>				
CITY-SI-ZIP			ÇII	IY-ST-ZIP				
DOCUMENT #			ST	REET ADDRESS				
STREET ADORESS CITY-ST-ZIP			cn	TY-ST-ZIP				
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								