




**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A01000000829 1. Entity Name RAKOFKY LIMITED PARTNERSHIP						SEC. OF STATE DIVISION OF CORPORATE REGISTRATION 06 FEB 14 AM 11:16			
Principal Place of Business 401 CORAL WAY, SUITE 301 CORAL GABLES FL 33134				Mailing Address 401 CORAL WAY, SUITE 301 CORAL GABLES FL 33134					
2. Principal Place of Business		3. Mailing Address		 1st MOORE CR2E003 (10/05)					
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip		Zip							
Country		Country		4. FEI Number 65-1116721 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable
Applied For									
Not Applicable									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
RAKOFKY, SANFORD 401 CORAL WAY, SUITE 301 CORAL GABLES FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>									
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.									
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 # P01000061209				STREET ADDRESS					
NAME RAKOFKY MANAGEMENT, INC.				CITY-ST-ZIP					
STREET ADDRESS 401 CORAL WAY, SUITE 301				700066807177 02/28/06--01025--002 **508.75					
CITY-ST-ZIP CORAL GABLES FL 33134									
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STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
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:  1/25/06									

STAPLE CHECK HERE