2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT #A01000001089

Entity Name

R.K. HALLANDALE LIMITED PARTNERSHIP



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business 17100 COLLINS AVENUE MIAMI BEACH, FL 33160 Mailing Address % R.K. ASSOCIATES, INC. PO BOX 111 DEDHAM, MA 02027-0111



DO NOT WRITE IN THIS SPACE

01032007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 04-3573512

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZ, RAANAN 17100 COLLINS AVENUE, STE 225 MIAMI BEACH, FL 33160-2525

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. 10000640997		
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable,	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.0	
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 #	P01000080251	
NAME	R.K. HALLANDALE, INC.	
STREET ADDRESS	17100 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33160	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT (
NAME		DO MOT WIDITE
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THE CRACE
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS		
CETY -ST - ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		

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 accurate this report is required by Chapter 620, Florida Statutes

SIGNATURE:

CHECK HERE

DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2.12.07

781-320 cm

Daytime Phone #