


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A02000001136 1. Entity Name EL CLAIR LTD			
Principal Place of Business 4800 N. FEDERAL HWY. SUITE 307B BOCA RATON FL 33431 US		Mailing Address 4800 N. FEDERAL HWY. SUITE 307B BOCA RATON FL 33431 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 51-0439936		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAP SERVICE CORPORATION 4800 N. FEDERAL HWY. SUITE 307B BOCA RATON FL 33431		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. \$2,000,000.00		10. Amount of Capital Contributions in FLORIDA to date. \$2,000,000.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	P01000111027 RK VENTURES INCORPORATED 4800 N. FEDERAL HWY., SUITE 307B BOCA RATON FL 33431	STREET ADDRESS CITY- ST- ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP		STREET ADDRESS CITY- ST- ZIP	100000365555 05/11/05-80006-016 526.25
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ UP CEO		4/28/05 (561) 395-0200	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

PLEASE CHECK HERE