

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED


2007 MAR 19 AM 9:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # A04000000106

1. Entity Name
 DORAL CHARTER SCHOOL LIMITED PARTNERSHIP



Principal Place of Business
 50 COCONUT ROW
 SUITE 212
 PALM BEACH, FL 33480 US

Mailing Address
 ROYAL POINCIANA PLAZA
 POST OFFICE BOX 11
 PALM BEACH, FL 33480 US

2. Principal Place of Business - No P.O. Box #
 340 ROYAL POINCIANA WAY
 Suite, Apt. #, etc.
 SUITE # 326

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 PALM BEACH, FLORIDA

City & State

Zip
 33480

Country
 USA

Zip

Country

01232007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-0625577
~~APPLIED FOR~~ Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

ZIFRONY, MATTHEW ESQ.
 TRIPP SCOTT, P.A.
 110 SE 6TH ST., 15TH FL
 FORT LAUDERDALE, FL 33301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title 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 PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P96000040698	STREET ADDRESS	
NAME	R.I.S. PROPERTIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	PO BOX 11		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	200095166322
NAME		CITY-ST-ZIP	03/28/07--01032--016 **500.00
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STREET ADDRESS			
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: *[Signature]* Date Jan 24 07 Daytime Phone # 46 222 5355

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE