


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**


**FILED
May 06, 2008 08:00 AM
Secretary of State**

DOCUMENT # A04000000106
1. Entity Name
DORAL CHARTER SCHOOL LIMITED PARTNERSHIP



Principal Place of Business 340 ROYAL POINCIANA WAY SUITE #326 PALM BEACH, FL 33480 US	Mailing Address ROYAL POINCIANA PLAZA POST OFFICE BOX 11 PALM BEACH, FL 33480 US
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DO NOT WRITE IN THIS SPACE



05012008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-0625577	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT #	P96000040698
NAME	R.I.S. PROPERTIES, INC.
STREET ADDRESS	PO BOX 11
CITY-ST-ZIP	PALM BEACH, FL 33480
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000948987
06/03/08-80008-018 500.00

STAPLE CHECK HERE

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: _____ **APR 30 2008** **416-222-5355**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #