2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

Apr 19, 2006 08:00 AM Secretary of State **DOCUMENT # A04000002083** RAK LAKEVIEW VENTURES LIMITED PARTNERSHIP Mailing Address Principal Place of Business 400 MADISON AVENUE, STE. 2B 400 MADISON AVENUE, STE. 2B NEW YORK, NY 10017 NEW YORK, NY 10017 03082006 No Chg-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-2044075 Not Applical \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. DO NOT WRITE 777 S. FLAGLER DRIVE, STE. 500 EAST WEST PALM BEACH, FL 33401 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 except the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if epiticable. DATE 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 P04000172570 DOCUMENT # NAME RAK LAKEVIEW CORP. STREET ADDRESS 400 MADISON AVENUE, STE. 2B U00000518561 CITY-ST-ZIP NEW YORK, NY 10017 05/02/06-80016-018 500.00 DOCUMENT # STREET ADDRESS CUTY-ST-TIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-71P IN THIS SPACE 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 eignature 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 520, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

DOCUMENT #
NAME

STREET ADDRESS

CITY-ST-ZIP

DOGUMENT #

STREET ADDRESS CITY-ST-ZIP

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4/7/06

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