


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

**FILED  
Apr 30, 2007 08:00 AM  
Secretary of State**

|  |  |   |
|--|--|---|
| <b>DOCUMENT # A04000002083</b>                                     |  |  |
| 1. Entity Name<br><b>RAK LAKEVIEW VENTURES LIMITED PARTNERSHIP</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>400 MADISON AVENUE, STE. 2B<br/>NEW YORK, NY 10017</b> | Mailing Address<br><b>400 MADISON AVENUE, STE. 2B<br/>NEW YORK, NY 10017</b> |
|--|--|

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02212007 No Chg-LP CR2E003 (12/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>20-2044075</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.  
777 S. FLAGLER DRIVE, STE. 500 EAST  
WEST PALM BEACH, FL 33401**

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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                     |   |
|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P04000172570<br>RAK LAKEVIEW CORP.<br>400 MADISON AVENUE, STE. 2B<br>NEW YORK, NY 10017 |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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05/16/07-80073-001 500.00

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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:** *Randy Kohana* (**RANDY KOHANA**) 4/24/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #