

2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

DOCUMENT # A05000000362			
1. Entity Name ARA ASSOCIATES, LTD.			
Principal Place of Business 6600 S.W. 57TH AVENUE MIAMI FL 33143		Mailing Address 6600 S.W. 57TH AVENUE MIAMI FL 33143	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



FILED

2007 MAR 19 AM 9:27

SECRETARY OF STATE



1st MOORE CR2E003 (10/06)

4. FEI Number AP-PLIED FOR				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ THERREL BAISDEN, P.A. SONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131				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

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #	P05000023882	STREET ADDRESS		STREET ADDRESS			
NAME	ARA GROUP, INC.	CITY - ST - ZIP		CITY - ST - ZIP			
STREET ADDRESS	6600 S.W. 57TH AVENUE						
CITY - ST - ZIP	MIAMI FL 33143						
DOCUMENT #		STREET ADDRESS		STREET ADDRESS			
NAME		CITY - ST - ZIP		CITY - ST - ZIP			
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NAME		CITY - ST - ZIP		CITY - ST - ZIP			
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:

Thomas G. Abraham

THOMAS G. ABRAHAM

3/8/07

305-666-8020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE