

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

DOCUMENT # A05000000362	
1. Entity Name ARA ASSOCIATES, LTD.	



**FILED**

08 FEB 19 PM 12:34

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



Principal Place of Business 6600 S.W. 57TH AVENUE MIAMI FL 33143	Mailing Address 6600 S.W. 57TH AVENUE MIAMI FL 33143
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2. Principal Place of Business - No P.O. Box # <b>1320 S. DIXIE HIGHWAY</b>	3. Mailing Address <b>1320 S. DIXIE HIGHWAY</b>
Suite, Apt. #, etc. <b>SUITE 241</b>	Suite, Apt. #, etc. <b>SUITE 241</b>

1st MOORE CR2E003 (10/07)

City & State <b>CORAL GABLES, FLORIDA</b>	City & State <b>CORAL GABLES, FLORIDA</b>
Zip <b>33146</b>	Country <b>USA</b>

4. FEI Number <b>AP-PLIED FOR</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>DANIELS, NICHOLAS M ESQ THERREL BAISDEN, P.A. SONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131</b>	
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7. Name and Address of New Registered Agent Name <b>WARREN BRYER</b>	
Street Address (P.O. Box Number is not allowed) <b>1320 S. DIXIE HIGHWAY</b>	
<b>SUITE 241</b>	
City <b>CORAL GABLES</b>	FL Zip Code <b>33146</b>

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 <b>01/25/2008</b>

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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 # NAME STREET ADDRESS CITY-ST-ZIP	P05000023882 ARA GROUP, INC. 6600 S.W. 57TH AVENUE MIAMI FL 33143	STREET ADDRESS CITY-ST-ZIP	<b>1320 S. DIXIE HIGHWAY- #241 CORAL GABLES, FL. 33146</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<b>100118965691 02/28/08--01004--019 **\$08.75</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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.	
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SIGNATURE:	DATE <b>01/28/08</b>	PHONE <b>305-665-2222</b>
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone \*

STAPLE CHECK HERE