



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

**FILED  
Jan 28, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # A05000000860</b>	
1. Entity Name <b>RAK BELMONT LIMITED PARTNERSHIP</b>	

Principal Place of Business <b>400 MADISON AVENUE, SUITE 2B NEW YORK, NY 10017</b>	Mailing Address <b>400 MADISON AVENUE, SUITE 2B NEW YORK, NY 10017</b>
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**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-LP      CR2E003 (12/06)

4. FEI Number <b>20-2745324</b>	Applied For <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, SUITE 500  
WEST PALM BEACH, FL 33401**

**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 #	<b>A05000000859</b>
NAME	<b>RAK BELMONT VENTURES LIMITED PARTNERSHIP</b>
STREET ADDRESS	<b>400 MADISON AVENUE, SUITE 2B</b>
CITY-ST-ZIP	<b>NEW YORK, NY 10017</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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02/04/08-80005-019 500.00

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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: *Paula...*      1/22/08      212-245-1601  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #