


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

<b>DOCUMENT # A06000000345</b> 1. Entity Name <b>RALGO LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>1955 N.W. 110TH AVENUE          MIAMI, FL 33172</b>	Mailing Address <b>1955 N.W. 110TH AVENUE          MIAMI, FL 33172</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07122007 Chg-LP CR2E003 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>ROZENCWAIG, NADEL &amp; FERRERO-CARR, LLP</b> <b>301 W. HALLANDALE BEACH BLVD.</b> <b>HALLANDALE BEACH, FL 33009</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>
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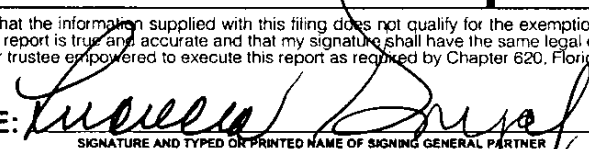
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP <b>L06000022339</b> <b>RALGO HOLDINGS, LLC</b> <b>1955 N.W. 110TH AVENUE</b> <b>MIAMI, FL 33172</b>	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	
<b>SIGNATURE:</b> 	Date _____ Daytime Phone # _____

STAPLE CHECK HERE

**FILED**  
 07 SEP -7 AM 10:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

