

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A25416

1. Entity Name
ALI R. GHAHRAMANI, M.D. INVESTMENT LIMITED PARTNERSHIP



Principal Place of Business
**7223 AYRSHIRE LANE
BOCA RATON, FL 33496**

Mailing Address
**7223 AYRSHIRE LANE
BOCA RATON, FL 33496**



01042007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0016576

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GHAHRAMANI, DARIUS
7223 AYRSHIRE LANE
BOCA RATON, FL 33496**

**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

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

DATE

**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 #	
NAME	GHAHRAMANI, ALI R
STREET ADDRESS	7223 AYRSHIRE LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
DOCUMENT #	
NAME	GHAHRAMANI, ALI R., REVOCABLE TRUST
STREET ADDRESS	7223 AYRSHIRE LANE
CITY-ST-ZIP	BOCA RATON, FL 33496
DOCUMENT #	
NAME	
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CITY-ST-ZIP	

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01/22/07-80052-006 508.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE