


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

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A25416</b> 1. Entity Name <b>ALI R. GHARAMANI, M.D. INVESTMENT LIMITED PARTNERSHIP</b>	
--	---

Principal Place of Business <b>7223 AYRSHIRE LANE BOCA RATON, FL 33496</b>	Mailing Address <b>7223 AYRSHIRE LANE BOCA RATON, FL 33496</b>
---	---

**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-LP

CR2E003 (12/06)

4. FEI Number <b>65-0016576</b>	Applied For 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  <b>GHAHRAMANI, DARIUS 7223 AYRSHIRE LANE BOCA RATON, FL 33496</b>
--

**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.

U00000788381  
01/16/08-80039-007 508.75

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

**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 #

1/11/08

STAPLE CHECK HERE