


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # A96000001941</b>                               |  |
| 1. Entity Name<br><b>CHAI DEVELOPERS LIMITED PARTNERSHIP</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>101 S. STATE ROAD 7, SUITE 201<br/>HOLLYWOOD, FL 33023-6736</b> | Mailing Address<br><b>101 S. STATE ROAD 7, SUITE 201<br/>HOLLYWOOD, FL 33023-6736</b> |
|---|---|

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |



04232007 Chg-LP CR2E003 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0708497</b> | Applied For<br><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   |  | 7. Name and Address of New Registered Agent        |  |
| <b>BEN-SHMUEL, IZAL<br/>101 S. STATE ROAD 7, SUITE 201<br/>HOLLYWOOD, FL 33023-6736</b> |  | Name   |  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | City   |  |
|   |  | FL Zip Code  |  |

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 _____  | 000000756654<br>05/23/07-600.00-017 500.00 |
| Signature, typed or printed name of registered agent and title if applicable |  |

**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 |                                | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|--------------------------------|--------------------------|--|
| DOCUMENT #                      | P96000085156                   | STREET ADDRESS           |  |
| NAME                            | CHAI DEVELOPERS, INC.          | CITY-ST- ZIP             |  |
| STREET ADDRESS                  | 101 S. STATE ROAD 7, SUITE 201 |                          |  |
| CITY-ST- ZIP                    | HOLLYWOOD, FL 330236736        |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST- ZIP             |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST- ZIP                    |                                |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST- ZIP             |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST- ZIP                    |                                |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST- ZIP             |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST- ZIP                    |                                |                          |  |
| DOCUMENT #                      |                                | STREET ADDRESS           |  |
| NAME                            |                                | CITY-ST- ZIP             |  |
| STREET ADDRESS                  |                                |                          |  |
| CITY-ST- ZIP                    |                                |                          |  |

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: <i>[Signature]</i>                                  | 04/30/07 954-985-3827 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER |                       |

**SHLOMI BEN-SHMUEL**