


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
Jul 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A98000002376 1. Entity Name REGER RAI, LTD.	
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Principal Place of Business 17660 SCARSDALE WAY BOCA RATON, FL 33496	Mailing Address 17660 SCARSDALE WAY BOCA RATON, FL 33496
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07022007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0881217	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent REGER, YASMINE 17660 SCARSDALE WAY BOCA RATON, FL 33496
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**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.	UD00000768436 07/12/07-80012-003 900.00
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	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	
DOCUMENT #	P98000086943
NAME	REGER RAI, INC.
STREET ADDRESS	17660 SCARSDALE WAY
CITY-ST-ZIP	BOCA RATON, FL 33496
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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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

07/02/07

Date

561 436 112

Daytime Phone #

STAPLE CHECK HERE