

2006 LIMITED PARTNERSHIP ANNUAL REPORT**Due By May 1, 2006****FILED****06 MAY -1 PM 1:20****SECRETARY OF STATE
TALLAHASSEE FLORIDA****DOCUMENT # B05000000409**1. Entity Name
KHLEIF AND KHLEIF, LTD.Principal Place of Business
**1531 S. TAMiami TRAIL, #703
VENICE, FL 34285**Mailing Address
**1531 S. TAMiami TRAIL, #703
VENICE, FL 34285**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03142006

Chg-LP

CR2E003 (11/05)

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****KHLEIF, ROD
1531 S. TAMiami TRAIL, #703
VENICE, FL 34285****7. Name and Address of New Registered Agent**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**M05000005269
RAK/DENVER, LLC
2950 S. JAMAICA COURT
AURORA, CO 80014**STREET ADDRESS
CITY-ST-ZIPDOCUMENT #
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CITY-ST-ZIP**600075024656
05/22/06--01029--026 **\$500.00**

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: *Rod Khleif, as Manager*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-20-06

Date

741-492-5222

Daytime Phone #

STAPLE CHECK HERE