

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

FILED

2007 APR 30 AM 9:21

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01112007 Chg-LP CR2E003 (12/06)

4. FEI Number
APPLIED FOR 84-1535421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KHLEIF, ROD
1531 S. TAMiami TRAIL, #703
VENICE, FL 34285**

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, 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 # **M05000005269**
NAME **RAK/DENVER, LLC**
STREET ADDRESS **2950 S. JAMAICA COURT**
CITY-ST-ZIP **AURORA, CO 80014**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/07
Date

941.492.5222
Daytime Phone #

STAPLE CHECK HERE

300102355772
05/14/07-01071-010 **\$500.00