

# 2000 UNIFORM BUSINESS REPORT (UBR)

00141281

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 MAY -1 PM 1:33



DO NOT WRITE IN THIS SPACE

DOCUMENT # **A97000002606**

1. Entity Name  
**HFPS LIMITED PARTNERSHIP**  
**RAVE LEASING LIMITED PARTNERSHIP, LLLP**

Principal Place of Business      Mailing Address  
**512 SOUTH NOKOMIS AVENUE**      **512 SOUTH NOKOMIS AVENUE**  
**VENICE FL 34285**      **VENICE FL 34285-2817**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-2632658**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**RAVE LEASING COMPANY RAVE MANAGEMENT, INC.**  
**512 SOUTH NOKOMIS AVENUE**  
**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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$399,975.27**      10. Amount of Capital Contributions in FLORIDA to date. \_\_\_\_\_      11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	<b>P97000053686</b>
NAME	<b>RAVE LEASING COMPANY RAVE MANAGEMENT, INC.</b>
STREET ADDRESS	<b>512 SOUTH NOKOMIS AVENUE</b>
CITY - ST - ZIP	<b>VENICE FL 34285</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	<b>900003286429--1</b>
	<b>-06/13/00--01024--019</b>
	<b>****526.25 ****526.25</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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      Date **4/26/00**      (941) 488-7781  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Daytime Phone #

16615 1001 05