

2004-LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000002606

1. Entity Name
RAVE LEASING LIMITED PARTNERSHIP LLLP



Principal Place of Business
**512 SOUTH NOKOMIS AVENUE
 VENICE, FL 34285**

Mailing Address
**512 SOUTH NOKOMIS AVENUE
 VENICE, FL 34285**

FILED

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STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04152004

Chg-LP

CR2E003 (10/03)

5/24

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

7. Name and Address of New Registered Agent

**RAVE MANAGEMENT INC.
 512 SOUTH NOKOMIS AVENUE
 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

9. Capital Contributions as Shown on record.

\$399,975.27

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P97000053686**
 NAME **RAVE MANAGEMENT INC.**
 STREET ADDRESS **512 SOUTH NOKOMIS AVENUE**
 CITY- ST- ZIP **VENICE, FL 34285**

STREET ADDRESS

600037872686

CITY- ST- ZIP

05/11/04 01035-012 **88.75

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY- ST- ZIP

STREET ADDRESS

600037872686

CITY- ST- ZIP

05/11/04 01035-012 **437.50

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #