2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000002606

1. Entity Name
RAVE LEASING LIMITED PARTNERSHIP LLLP

FILED
04 MAY 24 PM 1:37
TALLAHASSEE FLORIDA
MJH

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

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] 4/26/04
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	STREET ADDRESS	600037872686
NAME	RAVE MANAGEMENT INC.		
STREET ADDRESS	512 SOUTH NOKOMIS AVENUE	CITY-ST-ZIP	05/11/04--01035--012 **88.75
CITY-ST-ZIP	VENICE, FL 34285		
DOCUMENT #		STREET ADDRESS	600037872686
NAME			
STREET ADDRESS		CITY-ST-ZIP	05/11/04--01035--013 **437.50
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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] 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #