

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 APR 29 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A16635		
1. Entity Name RAINTREE LTD.		

Principal Place of Business 2638-5 STATE RD. 21 MELROSE, FL 32666	Mailing Address P.O. BOX 186 MELROSE, FL 32666
---	--

2. Principal Place of Business		3. Mailing Address P.O. Box 10293	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Clearwater FL		City & State Clearwater FL	
Zip 33757	Country USA		



04222005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2303410	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent CONDOR PROPERTY MANAGEMENT, INC. 2638-5 STATE RD. 21 MELROSE, FL 32666		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100,000.00	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 #	G92366001683	STREET ADDRESS	
NAME	KORDEX ENTERPRISES	CITY-ST-ZIP	
STREET ADDRESS	2638-5 STATE RD. 21		
CITY-ST-ZIP	MELROSE, FL 32666		
DOCUMENT #		STREET ADDRESS	700054928587
NAME		CITY-ST-ZIP	05/23/05--01005--022 **535.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Sam R. Sah 4/25/05 352 331-1530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #