

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A01000000062

1. Entity Name

RAYBORE, LTD.

FILED

02 JUN 10 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2655-B OLD DIXIE HWY

Suite, Apt. #, etc.

3. Mailing Address

717 E OAK STREET

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State

KISSIMEE, FL

Zip

34744

Country

USA

City & State

KISSIMEE, FL

Zip

34744

Country

USA

4. FEI Number

59-3685559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

BAUMRUK, ANDY J CPA

Street Address (P.O. Box Number is Not Acceptable)

717 E OAK STREET

City

KISSIMEE

FL

Zip Code  
34744

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$40,000

10. Amount of Capital Contributions  
in FLORIDA to date.

40,000

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 #

P98000038009

NAME

RAYKEN, INC.

STREET ADDRESS

2655-B OLD DIXIE HWY

CITY-ST-ZIP

KISSIMEE, FL 34744

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

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:

STAPLE CHECK HERE

CR2E003B (12/01)