

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

APPROVED BY: [Signature] DATE 7-9-07  
CODE 6790-02 \$ 500.00

DOCUMENT # A10041 - 2007

1. Entity Name  
RAINBOW ASSOCIATES, LTD.

Principal Place of Business  
900 NW 54TH STREET  
MIAMI, FL 33127

Mailing Address  
900 NW 54TH STREET  
MIAMI, FL 33127



FILED  
07 AUG -8 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
JUL 11 2007



07052007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2462181	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

REEVES, RACHEL J  
2082 N.E. 120TH ROAD  
NORTH MIAMI, FL 33181

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE 08/16/07

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 14, 2007**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	
NAME	REEVES, GARTH C.
STREET ADDRESS	900 N.W. 54 STREET
CITY - ST - ZIP	MIAMI, FL 33127
DOCUMENT #	G28660
NAME	FIRST BLACK CAPITAL, INC
STREET ADDRESS	900 N.W. 54 STREET
CITY - ST - ZIP	MIAMI, FL 33127
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
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NAME	
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CITY - ST - ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] DATE 7-6-07 DAYTIME PHONE # 305-633-8552