

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

APPROVED BY: 

FEB - 5/2008

FILED 2/5/08  
DATE 2/5/08 08:00 AM

DOCUMENT # A10041

1. Entity Name  
RAINBOW ASSOCIATES, LTD.



CODE

CODE

Principal Place of Business

900 NW 54TH STREET  
MIAMI, FL 33127

Mailing Address

900 NW 54TH STREET  
MIAMI, FL 33127

FEB 13 2008

**DO NOT WRITE IN THIS SPACE**



02042008 No Chg-LP

CR2E003 (12/06)

4. FEI Number

59-2462181

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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

STREET ADDRESS

CITY - ST - ZIP

REEVES, GARTH C.

900 N.W. 54 STREET

MIAMI, FL 33127

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

G28660

FIRST BLACK CAPITAL, INC

900 N.W. 54 STREET

MIAMI, FL 33127

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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U00000842029  
03/11/08-80011-007 650.00

**DO NOT WRITE  
IN THIS SPACE**



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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE