

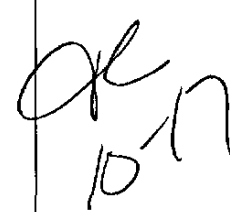
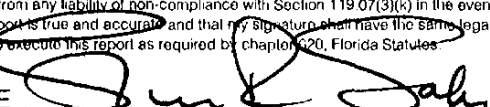


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 OCT 17 PM 3: 09</p> 	
1. Name of Limited Partnership RAINTREE LTD.		1a. DOCUMENT # A16635			
2. Mailing Address 5000 N.W. 27TH COURT SUITE E GAINESVILLE FL 32606		2a. Principal Office Address 5000 N.W. 27TH COURT SUITE E GAINESVILLE FL 32606		3. Date Formed or Registered 03/20/1984 3a. Date of Last Report 01/16/1997 4. State or Country of Formation FL 6. FEI Number 59-2303410 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
5a. Capital Contributions as Shown on record. \$100,000.00 5b. Amount of Capital Contributions in FLORIDA to date		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
9. Name and Address of Current Registered Agent SABIS, WILLIAM R 5000 N.W. 27TH CT. SUITE E GAINESVILLE FL 32606		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 000002324820--B City -10/20/97--01156--013 ****550.00 ****350.00			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) SABIS WILLIAM R. D/B/A KORDE		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5000 N.W. 27TH COURT		11b. City, State & Zip Code GAINESVILLE FL	
11c. Registration/Document Number G92368001683					
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE  DATE 10-14-97 Typed or Printed Name of General Partner Signing Form William R. Sabis Daytime Telephone Number 352 372 7440					

CR2E003 (6/97)