2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
04 APR 27 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
ENTERED
MJH

DOCUMENT # A16635

1. Entity Name
RAINTREE LTD.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

03162004 Chg-LP CR2E003 (10/03) 4/27

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

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		
STREET ADDRESS	2638-5 STATE RD. 21		
CITY-ST-ZIP	MELROSE, FL 32666	CITY-ST-ZIP	400036931794
DOCUMENT #		STREET ADDRESS	05/19/04--01049--027 **158.75
NAME			
STREET ADDRESS			400036931794
CITY-ST-ZIP		CITY-ST-ZIP	05/19/04--01049--028 **376.25
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP		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: [signature] 3/29/04 352-475 9326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #