


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED

2005 APR 29 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A16635		
1. Entity Name RAINTREE LTD.		

Principal Place of Business 2638-5 STATE RD. 21 MELROSE, FL 32666	Mailing Address P.O. BOX 186 MELROSE, FL 32666
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2. Principal Place of Business	3. Mailing Address P.O. Box 10293
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Clearwater FL	City & State
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Zip 33757	Country USA
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04222005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-2303410	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$100,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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	CITY-ST-ZIP	
STREET ADDRESS	2638-5 STATE RD. 21		
CITY-ST-ZIP	MELROSE, FL 32666		
DOCUMENT #		STREET ADDRESS	700054928587
NAME		CITY-ST-ZIP	05/23/05--01005--022 **535.00
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NAME		CITY-ST-ZIP	
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: Sam R. Sah 4/25/05 352 331-1530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE