## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A16635 1. Entity Name RAINTREE LTD. 06 MAR -3 AM 9: 18 Principal Place of Business Mailing Address 2638-5 STATE RD. 21 P.O. BOX 10293 MELROSE, FL 32666 CLEARWATER, FL 33757 01112006 No Chq-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2303410 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONDOR PROPERTY MANAGEMENT, INC. DO NOT WRITE 2638-5 STATE RD. 21 MELROSE, FL 32666 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 life if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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 # G92366001683 KORDEX ENTERPRISES NAME **700058095227** 03/20/06--01017--006 \*\*508.75 STREET ADDRESS - 2638-5 STATE RD 21- 330 SW (3 2 49 CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 this 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 this to empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

DOCUMENT /
NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT /
NAME
STREE ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/06

727-443-3251

Daytime Phone