


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 16, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # A16635 1. Entity Name RAINTREE LTD. |  |
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|---|---|
| Principal Place of Business 2638-5 STATE RD. 21 MELROSE, FL 32666 | Mailing Address P.O. BOX 10293 CLEARWATER, FL 33757 |
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DO NOT WRITE IN THIS SPACE



01052007 No Chg-LP

CR2E003 (12/06)

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|--|---|
| 4. FEI Number 59-2303410 | Applied For Not Applicable |
| 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 | DO NOT WRITE IN THIS SPACE |
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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.

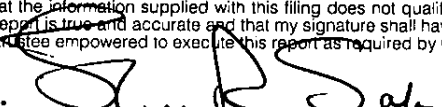
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

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|---|--|
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 |
| NAME | KORDEX ENTERPRISES |
| STREET ADDRESS | 330 SW 132ND TERRACE |
| CITY-ST-ZIP | NEWBERRY, FL 32669 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**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:  **2 Feb 2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE