

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0007369 AT

DOCUMENT # A16635

1. Entity Name  
RAINTREE LTD.



FILED  
03 APR 22 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
5000 N.W. 27TH COURT  
SUITE E  
GAINESVILLE FL 32606

Mailing Address  
5000 N.W. 27TH COURT  
SUITE E  
GAINESVILLE FL 32606



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.  
2638-5 State Rd 21

Suite, Apt. #, etc.  
P.O. Box 186

DUE BY MAY 1, 2003

City & State  
Melrose FL

City & State  
Melrose FL

4. FEI Number 59-2303410

Applied For  
Not Applicable

Country  
USA

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SABIS, WILLIAM R  
5000 N.W. 27TH CT.  
SUITE E  
GAINESVILLE FL 32606

Name  
Condor Prop. Mgmt Inc  
Street Address (P.O. Box Number is Not Acceptable)  
2638-5 State Rd 21  
City  
Melrose FL Zip Code 32666

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 3/25/03

9. Capital Contributions as Shown on record. \$100,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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  
NAME KORDEX ENTERPRISES  
STREET ADDRESS 5000 N.W. 27TH COURT #E  
CITY-ST-ZIP GAINESVILLE FL

STREET ADDRESS 2638-5  
CITY-ST-ZIP Melrose FL 32666

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 2638-5 State Rd 21  
CITY-ST-ZIP 500014952045

DOCUMENT #  
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/25/03 352475  
9326  
Date Daytime Phone #

CR2E003 (10/02)