

# 2000 UNIFORM BUSINESS REPORT (UBR)

00171233 JN

**DOCUMENT # A33424**

1. Entity Name  
**RAIN CROW GROVES, LTD.**

FILED

00 JAN 13 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
P.O. BOX 719  
GLEN ECHO MD 20817

Mailing Address  
P.O. BOX 719  
GLEN ECHO MD 20812-0719



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **58-2016367** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**WALDE, WILLIAM L  
233 BARTON AVENUE  
PALM BEACH FL 33480**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$99,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>WALDE, WILLIAM L 2335 S. OCEAN BLVD. PALM BEACH FL</b>	STREET ADDRESS CITY - ST - ZIP	<b>233 Barton Avenue Palm Beach, FL 33480</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	<b>500003103635--8 -01/20/00--01012--013 ****526.25 ****526.25</b>
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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 *William L. Walde* **WILLIAM L. WALDE** DATE **30-320-9595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER