

2001 UNIFORM BUSINESS REPORT (UBR)

0017813 AF

DOCUMENT # **A33424**

1. Entity Name
RAIN CROW GROVES, LTD.

FILED

01 FEB 26 PM 12:05

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
233 BARTON AVE

3. Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

City & State
PALM BEACH, FL

City & State

4. FEI Number
58-2016367

Applied For
Not Applicable

Zip
33480

Country
US

Zip

Country

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
SAME
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. Amount of Capital Contributions in FLORIDA to date. **0**

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 #	WALDE, WILLIAM L 233 BARTON AVENUE PALM BEACH FL 33480	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	200003796672--6
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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* **General Partner** 3/15/01 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (11/00)