

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33424**

1. Entity Name

RAIN CROW GROVES, LTD.

Principal Place of Business

~~233 BARTON AVE.~~
GLEN ECHO MD 20817

Mailing Address

**P.O. BOX 719
GLEN ECHO MD 20812**

FILED

2002 MAR -5 AM 9:24

**DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

233 BARTON AVE

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400005097024--9

-03/12/02--01044--014

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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:

William L. Walde
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0017658 AT

STAPLE CHECK HERE