


**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership RAINWATER, LTD		1a. DOCUMENT # A94000001244	
Mailing Address C/O MICHAEL SINGER SINGER & CANE 701 N. POINT PKWY SUITE 330 WEST PALM BEACH, FL 33407		Principal Office Address SAME AS ABOVE	
2. Mailing Address SAME AS ABOVE		2a. Principal Office Address SAME AS ABOVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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3. Date Formed or Registered 9/15/94	5a. Capital Contributions as Shown on record \$ 900,900.00
3a. Date of Last Report 12/21/95	5b. Amount of Capital Contributions in FLORIDA to date \$ 900,900.00
4. State or Country of Formation FL	
6. FEI Number 65-0506632	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MICHAEL SINGER SINGER AND CANE 701 N POINT PARKWAY SUITE 330 WEST PALM BEACH, FL 33407	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) DANIEL V RUFO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 22 DOGWOOD CT	11b. City, State & Zip Code MAHWAH NJ 07430	11c. Registration/Document Number A94000001244
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

[Signature]

DATE

1/22/97

Typed or Printed Name of General Partner Signing Form

DANIEL V RUFO

Daytime Telephone Number

800-542-9812