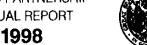
## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

DOCUMENT #

98 DEC 26 PM 12: 27



A9700000	01324			
RAO FAMILY PARTNERSHIP, LTD.				
Malling Address  ATTN: MARIA W. RAO C/O RAO FAMILY PART.  503 VERONA STREET KISSIMMEE FL 34741  2. Malling Address  Suite, Apt. #, etc.  City & State  Principal Office Address  Principal Office Address  Suite, Apt. #, etc.  City & State  Principal Office Address  City & State  Principal Office Address  City & State		3. Date Formed or Registered 5a. Capital Contributions as Shown on record.		
		38. Date of Last Report  4. State or Country of Formation	\$990,000.00	
			5b. Amount of Capital Contributions in FLORIDA	
			to date	
		6. FEI Number 59~7074207	Applied For Not Applicable	
		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
7ip Country		8. Make check payable to: Dept. of State (See reverse side for fee information		
ent Registered Agent		10. If changed, new Registere	d Agent/Office	
RAO, MARIA W 503 VERONA STREET KISSIMMEE FL 34741		? O. Box Number <b>(= Not-4 cash (= Bin)</b> 2 <b>-01/08</b> ****5	3946908 79801102023 41,25 ****\$41.25 FL Zp Code	
	Principal Office Address ATTN: MARIA W. RAO C/O 503 VERONA STREET KISSIMMEE FL 34741  2a. Principal Office Addre Suito, Apt. #, etc. City & State  7ip	Principal Office Address  ATTN: MARIA W. RAO C/O RAO FAMILY PART. 503 VERONA STREET KISSIMMEE FL 34741  2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country  ent Registered Agent  Name	ATTN: MARIA W. RAO C/O RAO FAMILY PART.  503 VERONA STREET KISSIMMEE FL 34741  2a. Principal Office Address  Suito, Apt. #, etc.  City & State  7ip  Country  3. Date Formed or Registered  06/17/1997  3a. Date of Last Report  4. State or Country of Formation  FL  6. FEI Number  59 ~ 7074207  7. Certificate of Status Desired  8. Make check payable to: Dept. of  ent Registered Agent  Name  Street Address (P.O. Box Number is Not Ageistere  Name  Street Address (P.O. Box Number is Not Ageistere  11. (18  ******5	

SIGNATURE (Registered Agent Accepting Appointment)

## 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Codo	11c. Registration/ Document Number
RAO HOLDINGS, INC.	503 VERONA STREET	KISSIMMEE FL 34741	P97000041769

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 arrival report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Statutes