

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001324**

1. Entity Name
RAO FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

Principal Place of Business
ATTN: MARIA W. RAO C/O RAO FAMILY PART.
503 VERONA STREET
KISSIMMEE FL 34741

Mailing Address
~~ATTN: MARIA W. RAO C/O RAO FAMILY PART.~~
~~503 VERONA STREET~~
~~KISSIMMEE FL 34741-5114~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1710 Peach Street		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Kissimmee, FL		City & State	
Zip 34746	Country	Zip	Country
4. FEI Number 59-7074207			Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARP, HARRY E CPA		Name	
% CUTHILL & EDDY LLP		Street Address (P.O. Box Number is Not Acceptable)	
1031 W. MORSE BLVD. SUITE 200		City	
WINTER PARK FL 32789-3750		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. **\$990,000.00**

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	P97000041769 RAO HOLDINGS, INC. 503 VERONA STREET KISSIMMEE FL 34741	STREET ADDRESS CITY - ST - ZIP	1710 Peach St. Kissimmee, FL 34746
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	300003335483--5 -07/25/00--01067--007 ****150.00 ****150.00
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY - ST - ZIP	300003335483--5 -07/25/00--01067--008 ****376.25 ****376.25
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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____