

2003 **LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A97000001324

1. Entity Name

Rao Family Partnership, Ltd.



FILED

03 MAY -9 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4430 S. Orange Blossom Trail

Suite, Apt. #, etc.

3. Mailing Address

4430 S. Orange Blossom Trail

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee, FL

City & State

Kissimmee, FL

4. FEI Number

59-3478579

Applied For

Not Applicable

Zip

34746

Country

USA

Zip

34746

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Rosemarie O'Shaughnessy

Street Address (P.O. Box Number is Not Acceptable)

4430 S. Orange Blossom Trail

City

Kissimmee

FL

Zip Code
34746

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

990,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

450,193.64

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000041769
NAME Rao Holdings, Inc.
STREET ADDRESS 4430 S. Orange Blossom Trail
CITY-ST-ZIP Kissimmee, FL 34746

STREET ADDRESS

CITY-ST-ZIP

500018680205
05/09/03--01089--006 **526.25

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER VP of General Partner

407 - 847-6461
407 - 346-1036 (cell)

Daytime Phone #

CR2E003B (12/02)

STAPLE CHECK HERE