

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN -9 AM 10:34

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000209

THE RAINTREE PRIVATE FUTURES FUND LIMITED PARTNE
RSHIP



Mailing Address
1800 N.E. 114TH STREET, SUITE 401
NORTH MIAMI FL 33181

Principal Office Address
C/O THE PRENTICE-HALL COMP. SYSTEM. INC.
32 LOOCKERMAN SQUARE SUITE L-100
DOVER DE 19901

3. Date Formed or Registered
05/10/1993

5a. Capital Contributions as
Shown on record
\$0.00

3a. Date of Last Report
10/17/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation
DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.
SUITE 103

Suite, Apt. #, etc.

City & State
BOCA RATON, FL,

City & State

Zip Country
33432 USA

Zip Country

6. FEI Number
65-0403300

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ **\$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

SANDS, RUSSELL J
1800 N.E. 114TH STREET, SUITE 401
NORTH MIAMI FL 33181

10. If changed, new Registered Agent/Office

Name

RUSSELL SANDS

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

1361 S. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 103

City

BOCA RATON

State

FL

Zip Code

33432

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)

Russell Sands

DATE

12/24/96

**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)

RAINTREE FUTURES INCORPORATE
SAME

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1800 N.E. 114TH STREET
NEW ADDRESS
SEE ABOVE

11b. City, State & Zip Code

NORTH MIAMI FL 33181

11c. Registration/
Document Number

F93000000288

300002059943--4
-01/16/97--01023--001
******200.00 ****200.00**

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

Russell Sands

DATE

12/24/96

Typed or Printed Name of General Partner Signing Form

RUSSELL SANDS

Daytime Telephone Number

561-391-7299