

# 2001: UNIFORM BUSINESS REPORT (UBR)

0007807 AF

DOCUMENT # B93000000209

1. Entity Name

THE RAINTREE PRIVATE FUTURES FUND LIMITED PARTNE

FILED

01 MAR -5 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1361 S. FEDERAL HWY., STE. 103  
BOCA RATON FL 33432

Mailing Address

1361 S. FEDERAL HWY., STE. 103  
BOCA RATON FL 33432

2. Principal Place of Business

1640 S.W. 2ND AVE

3. Mailing Address

Suite, Apt. #, etc.

← SAME

City & State

BOCA RATON

City & State

Zip

33432

Country

USA

Zip

Country

4. FEI Number

65-0403300

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SANDS, RUSSELL J  
1361 S. FEDERAL HWY., STE. 103  
BOCA RATON FL 33432

NEW ADDRESS

1640 S.W. 2ND AVE  
BOCA RATON, FL. 33432

7. Name and Address of New Registered Agent

Name

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

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

*Russell J. Sands*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

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

DOCUMENT # F93000000288  
NAME RAINTREE FUTURES INCORPORATED  
STREET ADDRESS 1361 S. FEDERAL HWY., STE. 103  
CITY-ST-ZIP BOCA RATON FL 33432

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

400003819734-5  
-03/09/01--01010--005  
\*\*\*\*150.00 \*\*\*\*150.00

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:

*Russell J. Sands*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/1/01

Date

561-391-7299

Daytime Phone #

CR2E003 (11/00)