

**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

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 17 PM 3: 37

1. Name of Limited Partnership

1a. DOCUMENT #
B93000000248

RAYMAN ASSOCIATES ORLANDO LIMITED PARTNERSHIP



Mailing Address

**BIG ROCK EXECUTIVE CENTER, RT. 30
BIG ROCK IL 60511**

Principal Office Address

**BIG ROCK EXECUTIVE CENTER, RT. 30
BIG ROCK IL 60511**

3. Date Formed or Registered

06/09/1993

5a. Capital Contributions as
Shown on record

\$5,600.00

3a. Date of Last Report

12/18/1995

5b. Amount of Capital
Contributions in FL ORIDA
to date

\$5,600.00

4. State or Country of Formation

IL

6. FEI Number

36-3888978

☐ 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

**THE PRENTICE HALL CORPORATION SYSTEMS, INC
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

**12/26/96-01020-008
****191.25 ****191.25
FL**

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)

DATE

**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 Code

11c. Registration/
Document Number

**RAYMAN, EVAN M
EXECUTIVE AFFILIATES, INC.**

**3884 CADELLA CIRCLE
BIG ROCK EXECUTIVE CT**

**NAPERVILLE IL 60564
BIG ROCK IL 60511**

833152

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

**Dennis R. Johnson, Asst. Sec'y of Executive Affiliates, Inc., General
Partner in Rayman Associates Orlando Limited Partnership 630-556-3731**

Typed or Printed Name of General Partner Signing For

Payphone Telephone Number

DATE **12/10/96**

CR2E003 (6/96)