


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 20 PM 2:42

DOCUMENT # A06000000098

1. Entity Name
RENAISSANCE PRESERVE I, LLLP



Principal Place of Business Mailing Address
 200 SOUTH DIVISION STREET 200 SOUTH DIVISION STREET
 BUFFALO, NY 14204 BUFFALO, NY 14204

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



07022007 Chg-LP CR2E003 (12/06)

4. FEI Number Applied For
20-4166893 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAXON, BERNICE S ESQ
201 E. KENNEDY BLVD.
SUITE 600
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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	L0600004531 <i>Renaissance Preserve I LLC</i> RENAISSANCE PRESERVE I, LLC 4224 MICHIGAN AVENUE FORT MYERS, FL 33916	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P07000011059 <i>Norstar Renaissance Preserve Senior, Inc.</i> NORSTAR MICHIGAN COURT SENIOR, INC. 200 SOUTH DIVISION STREET BUFFALO, NY 14204	STREET ADDRESS CITY-ST-ZIP	
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BLT

200106650632
 07/24/07--01061--015 **\$500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]* 7/11/07 716-847-1098
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #