

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 MAY 12 AM 9:02

DOCUMENT # A07000000354

1. Entity Name
RENEWABLE ENERGY FUND, LTD.



Principal Place of Business
SUITE 450 GABLES ONE TOWER
1320 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

Mailing Address
SUITE 450 GABLES ONE TOWER
1320 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

2. Principal Place of Business - No P.O. Box #
5901 SW 74 St

3. Mailing Address
5901 SW 74 St

Street Apt. #, etc.
Suite 205

Suite, Apt. #, etc.
Suite 205

City & State
Miami FL

City & State
Miami FL

Zip
33143

Country
USA

Zip
33143

Country
USA



03282008 Chg-LP CR2E003 (12/06)

4. FEI Number
20-8482827

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WASSON, ROY D
WASSON & ASSOCIATES, CHARTERED
SUITE 450, 1320 SOUTH DIXIE HIGHWAY
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name
WASSON Roy D

Street Address (P.O. Box Number is Not Acceptable)
5901 SW 74 St

Suite 205

City
Miami

FL

Zip Code
33143

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 obligation of

SIGNATURE

Roy Wasson

Roy D. Wasson, President of General Partner 4/21/08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 # **P06000037481**
 NAME **RENEWABLE ENERGY FUND, INC.**
 STREET ADDRESS **SUITE 450, 1320 SOUTH DIXIE HIGHWAY**
 CITY-ST-ZIP **CORAL GABLES, FL 33146**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5901 SW 74 St**
 CITY-ST-ZIP **Suite 205, Miami, FL 33143**

DOCUMENT #
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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 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:

See above signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE