


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

<b>DOCUMENT # A03000001665</b> 1. Entity Name <b>RENAL FLP LIMITED PARTNERSHIP</b>							
Principal Place of Business <b>8460 SOUTHWEST 100 STREET MIAMI FL 33156</b>			Mailing Address <b>8460 SOUTHWEST 100 STREET MIAMI FL 33156</b>				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. FEI Number <b>AP-PLIED FOR</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>LAVENDER, JOEL R 507 S.E. 11TH COURT FORT LAUDERDALE FL 33316</b>						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.						DATE	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	L03000028973			STREET ADDRESS			
NAME	MIMI, LLC			CITY- ST- ZIP			
STREET ADDRESS	8460 SOUTHWEST 100 STREET						
CITY- ST- ZIP	MIAMI FL 33156						
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CITY- ST- ZIP							

**FILED**

2007 APR 23 AM 11:01

SECRETARY OF STATE



1st MOORE CR2E003 (10/06)

Applied For  
Not Applicable

**\$8.75** Additional Fee Required

FL Zip Code

*[Signature]*

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STAPLE CHECK HERE

**300101623343**  
 05/04/07--01055--021 \*\*500.00

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]* 4/6/07  
 Date

Corporate Phone #