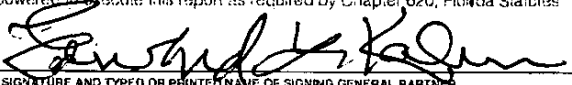


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:05 Financ. LP

DOCUMENT # A04000001459					
1. Entity Name RENCO FINANCIAL LIMITED PARTNERSHIP					
Principal Place of Business 5252 S. TAMiami TRAIL SARASOTA, FL 34231			Mailing Address 5252 S. TAMiami TRAIL SARASOTA, FL 34231		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 01222005			Chg-LP		CR2E003 (10/03)
5. Certificate of Status Desired ☐			☒ \$8.75 Additional Fee Required ☐ Not Applicable		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KALIN, EDWARD L 5252 S. TAMiami TRAIL SARASOTA, FL 34231			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 date if applicable.					
9. Capital Contributions as Shown on record. \$5,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L04000032647		STREET ADDRESS		
NAME	ELKCO MANAGEMENT CO., LLC		CITY-ST-ZIP		
STREET ADDRESS	5252 S. TAMiami TRAIL				
CITY-ST-ZIP	SARASOTA, FL 34231				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
			400046086554 02/07/05--01037--014 **141.25		
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: 			1-24-05 9419241271		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JAN 31 AM 10:05