

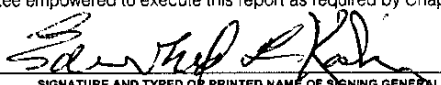


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000001459 1. Entity Name RENCO FINANCIAL LIMITED PARTNERSHIP						<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB 20 AM 11:14 </div>	
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				
6. Name and Address of Current Registered Agent KALIN, EDWARD L 5252 S. TAMiami TRAIL SARASOTA, FL 34231						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, 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				13. ADDRESS CHANGES ONLY			
DOCUMENT #	L04000032647			STREET ADDRESS			
NAME	ELKCO MANAGEMENT CO., LLC			CITY-ST-ZIP			
STREET ADDRESS	5252 S. TAMiami TRAIL			STREET ADDRESS	<div style="border: 1px solid black; padding: 5px;"> 700066793967 02/28/06-01014-009 **500.00 </div>		
CITY-ST-ZIP	SARASOTA, FL 34231			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: 

1/31/06 941-924-1271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #