#### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

### DOCUMENT # A04000001459

RENCO FINANCIAL LIMITED PARTNERSHIP



**FILED** Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business 5252 S. TAMIAMI TRAIL SARASOTA, FL 34231

Mailing Address 5252 S. TAMIAMI TRAIL SARASOTA, FL 34231



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04202008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 55-0550586 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALIN, EDWARD LIRR TST 5252 S. TAMIAMI TRAIL SARASOTA, FL 34231

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		<u> </u>	
	ve named entity submits this statement for the purpose of changing its re ations of registered agent.	gistered office or registered agent, or both, in	n the State of Florida. I am familiar with, and accept
SIGNATUR	E		
	Signature, typed or printed name of registered agent and title if applicable		DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.	00	
	A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the	ITY MUST BE REGISTERED AND ACT form; an amendment must be filed to	IVE WITH THIS OFFICE. o change a general partner.
12.	GENERAL PARTNER INFORMATION		······································
DOCUMENT #	1.04000032647		•

ELKCO MANAGEMENT CO., LLC STREET ADDRESS 5252 S. TAMIAMI TRAIL CITY-ST-71P SARASOTA, FL 34231 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-S1-ZIP

U000009307**4**6 05/21/08-90120-n21 500.0**0** 

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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:

DOCUMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP