


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

DOCUMENT # A07000000731 1. Entity Name REDNER PARTNERS LLLP	
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Principal Place of Business 2799 NW BOCA RATON BLVD STE 203 BOCA RATON, FL 33431	Mailing Address 2799 NW BOCA RATON BLVD STE 203 BOCA RATON, FL 33431
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2. Principal Place of Business - No P.O. Box # 3324 John Anderson Dr Suite, Apt. #, etc.	3. Mailing Address 3324 John Anderson Dr Suite, Apt. #, etc.
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City & State Ormond Beach, FL Zip 32176	City & State Ormond Beach, FL Zip 32176
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6. Name and Address of Current Registered Agent SCIARRETTA, STEVEN A ESQ 2799 NW BOCA RATON BLVD STE 203 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 title if applicable.

FILE NOW!!! FEE IS \$900.00
On or after September 12, 2008, Fee will be \$1000.00

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 #	L07000057879	STREET ADDRESS	3324 John Anderson Dr
NAME	REDNER MANAGEMETN LLC	CITY-ST-ZIP	Ormond Beach FL 32176
STREET ADDRESS	2799 NW BOCA RATON BLVD		
CITY-ST-ZIP	BOCA RATON, FL 33431		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

900133689579
07/29/08--01006--012 **\$900.00

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 *Louise M. Bartsch Redner* **Louise M. Bartsch Redner** 7/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

(386-441-4191)

FILED
08 JUL 24 AM 11:07
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



07082008 Chg-LP CR2E003 (12/06)

4. FEI Number _____ Applied For ☒ Not Applicable

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

STAPLE CHECK HERE