

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 12 PM 4:09

1. Name of Limited Partnership

1a. DOCUMENT #  
**A30863**

**RENAISSANCE RETIREMENT LTD., II**



Mailing Address

6000 LAKE FORREST DR.  
STE 200  
ATLANTA GA 30328

Principal Office Address

6000 LAKE FORREST DR.  
STE 200  
ATLANTA GA 30328

3. Date Formed or Registered

12/03/1990

3a. Date of Last Report

02/02/1998

4. State or Country of Formation

GA

5a. Capital Contributions as  
Shown on record.

\$90.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-3030828

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BROGDON, CHRIS  
1800 HARRISON ST.  
#305  
TITUSVILLE FL 32780

10. If changed, new Registered Agent/Office

Name

A.R. Neal, Esq.

Street Address (P.O. Box Number is Not Acceptable)

13577 Feather Sound Dr., Suite 300

Suite, Apt. #, etc.

City

Clearwater

FL

Zip Code

34622

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

*A.R. Neal*

DATE 10/7/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

WINTER HAVEN HOMES, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

6000 LAKE FORREST DR.

11b. City, State & Zip Code

ATLANTA GA 30328

11c. Registration/  
Document Number

P27673

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-10/15/98--01083--002  
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*Edward E. Lane*

DATE 10/7/98

Typed or Printed Name of General Partner Signing Form

Edward E. Lane

Daytime Telephone Number

404-255-7500

CR2E003 (8/98)