## FILE ÓN 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

1. Name of Limited Partnership

**DOCUMENT#** A94000001655

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 30 PM 3: 57

RENAISSANCE PARTNERS I LIMITED PARTNERSHIP			9P(1/3	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401	400 CLEMATIS STREET. SUITE 205 WEST PALM BEACH FL 33401		12/07/1994 3a. Date of Last Report	\$1,831,500.00	
			12/31/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number 59-1672184	Applied For Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	tate (See reverse side for fee information)	
9 Name and Address of Curren	Registered Agent	·	10. If changed, new Registered	Agent/Office	
FRISBIE, DAVID W 400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401		Name			
		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  SUIDD02742168—6			
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)			DATE_		
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)	11a. Address of Each General (Do NOT Use Post Office Bo	l Partner ox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
REN I CORP.	400 CLEMATIS STREET,		WEST PALM BEACH FL 33	P94000081308	

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 certify that I am a General Partner of the limited partnership, receiver or trustee quired by chapter 620, Florida stutes.

S	GNA.	TURE	,
_	$\sim$		c

Typed or Printed Name of General Partner Signing Form

Frisbe

\*\*\*\*263.12

800002742168---01/14/89--01095--024 \*\*\*\*263.12 \*\*\*\*\*263.1