2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

DOCUI 1. Entity Name THE REN					2004 APR 2							
Principal Place 2400 E. LAS FORT LAUDEI	OLAS BLVD RDALE, FL	. #126 33301	Mailing Address PMB #126 2400 E, LAS OLAS BLVD. FT. LAUDERDALE, FL 33301-1529				SECRETAF TALLAHAS					
	VIA DE	LA VALLE	3. Mailing Address 2683 VIA DE LA VALLE									
Suite, Apt.	03		Suite, Apt. #, etc. G - 403				03162004	Chg-LP	CR2E00	3 (10/03)		
DELMAR, CALIFORNIA			DEL MAR, CALIFORNIA			Α_	4. FEI Number 65-05911	60		Applied For Not Applicable		
9201				Coun		5. Certificate of Status Desired Security Securi			ee Required			
		7. Name and Address of New Registered Agent Name SAMUEL D. NAVO N										
THE RENA 2400 E. LA		Street Ad	dress (P.O. Box Number i)						
FORTLAU	DERDALI	E, FL 33301					SUITE B-100					
						ORTLAUDERDALE FL 33312						
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 Signature, typed or printed name of registered agent and title if applicable SAMUEL D. NAVON APRIL 23, 2004 DATE										004		
9. Capital Contributions as Shown on record. \$1,950,000.00 10. Arriount of Capital Contributions in FLORIDA to date.												
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. DOCUMENT #	P9500001	GENERAL PARTNER				ADDRESS CHA	NGES ONLY					
NAME	THE REN	AISSANCE OF DEERFI	STR	ET ADDRESS	2699 STIRLING ROAD - SUITE B-100							
STREET ADDRESS CITY-ST-ZIP		T LAS OLAS BLVD., #1 JDERDALE, FL 33301	26 	-ST-ZIP	FO	FORTLAUDERBACE, FL 33312						
DOCUMENT # NAME			STRI	EET ADDRESS	2000							
STREET ADDRESS : City-St-Zip			CITY	-ST-ZIP		05/14/0401007024 **\$26.25						
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DOCUMENT#				STR	EET ADDRESS							
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP							
14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE OF SIGNING GENERAL PARTNER PRESIDENT, Dala Daylor Phone .												