DOCUMENT # A9700002354															319
RENAISSANCE PARTNERS IV LIMITED PARTNERSHIP									FILED						
Principal Place 400 CLEMATIS WEST PALM B	STREET. SL	. SUITE 205 33401	<u> </u>		O1 MAY 16 PM 3: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA										
2. Principal Pl 3 30 Suite, Apt. Suit+ City & State	(10 mac) #, etc.	t: s _ S	treet	3. Mailing Address 330 Genat:s Street Suite, Apt. #, etc. Suite 214 City & State					DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For						
West	Palm	Beach Country	L FL	West Palm Beach, Zip Country				_		65-0654				Applied Fo Not Applica Additional	
Zip 334<	2) 6 Name	Poin	Beach	334	<u> </u>		n Beach	h		of Status Des		□ Fe	e Requ		
FRISBIE, D 400 CLEM/ WEST PAL		7. Name and Address of New Registered Agent Name Dav: J. W. Fr. 56; e Street Address (P.O. Box Number is Not Acceptable) 1000 T.J.:								30					
8. The above	named entit	y submits thi	s statement for	the purpose of	changing if	ts registere	ed office or reg	istered ag	ent, or both	, in the State	of Florida	1.			
SIGNATURE _	Signature, typed	or printed name of	W. Fa	nd little if applicable.	(NC	DTE: Registered	d Agent signature re	equired when re	einstating)		4	- 27-	9/		
9. Capital Cor as Shown o		\$92	outions							OF STATE ORMATION					
as Shown on record. 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.		GENE	RAL PARTNER			13.					S CHANG				二。
NAME	P95000028 REN GP C 400 CLEM	ORP.	et, suite 20	5		ET ADDRESS	330	330 Genatis Street, Suite 21 west Palm Beach, FL 3340							
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14. I hereby 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 QEN GP COPP														p or	
SIGNATI	URE: _	BYS (E AND TYPED OR P	RINTED NAME OF S	SIGNING GENE	RAL PARTNER		Frist	a'C	4-27-0 Date	01		-872 me Phone	2 -778 *	4