2008 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2008 DOCUMENT # A99000000770 FILED NORTHEAST RENAISSANCE HOLDINGS, LTD. 08 MAR 19 AM 7:57 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 4707 N.W. 53RD AVE., SUITE A 4707 N.W. 53RD AVE., SUITE A GAINESVILLE, FL 32606 GAINESVILLE, FL 32606 03182008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3574727 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JENNINGS, EDWARD JR. DO NOT WRITE 4707 N.W. 53RD AVE., SUITE A GAINESVILLE, FL 32606 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. P99000043141 DOCUMENT # NAME NORTHEAST RENAISSANCE HOLDINGS, INC. 400121429374 03/27/08--01007--026 **69 STREET ADDRESS 4707 N.W. 53RD AVE., SUITE A CITY-ST-ZIP GAINESVILLE, FL 32606 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this Hims 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:

ED NAME OF SIGNING GENERAL PARTNER