

2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # B97000000505 1. Entity Name THE PRICE REIT RENAISSANCE PARTNERSHIP, L.P.	
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Principal Place of Business 3333 NEW HYDE PARK ROAD NEW HYDE PARK NY 11042-0020	Mailing Address P.O. BOX 5020 NEW HYDE PARK NY 11042-0020
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 58-2337270	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

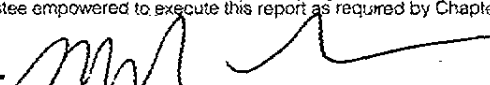
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	DATE
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9. Capital Contributions as Shown on record. \$267,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # F03000001803	NAME THE PRICE REIT, INC.	STREET ADDRESS	
STREET ADDRESS 3333 NEW HYDE PARK ROAD		CITY-ST-ZIP	
CITY-ST-ZIP NEW HYDE PARK NY 11042-0020			
DOCUMENT #	NAME	STREET ADDRESS	
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CITY-ST-ZIP			

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

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	4.22.04 Date	518.9900 Daytime Phone #
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MOORE CR2E003 (11/03)

58-2337270

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE

SEE REVERSE SIDE FOR FEE INFORMATION

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

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CITY-ST-ZIP

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