

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # B97000000505

1. Entity Name
THE PRICE REIT RENAISSANCE PARTNERSHIP, L.P.



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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132007

Chg-LP

CR2E003 (12/06)

City & State

City & State

4. FEI Number

58-2337270

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **F03000001803**
NAME **THE PRICE REIT, INC.**
STREET ADDRESS **3333 NEW HYDE PARK ROAD**
CITY-ST-ZIP **NEW HYDE PARK, NY 110420020**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/07

516 869 9000