2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # L03000011288** 04-12-2004 90027 044 ****50.00 1. Entity Name RENAR RIVER PLACE, LLC Mailing Address Principal Place of Business 24039807 3350 N.W. ROYAL OAK-WAY== D.R. 3350 N.W. ROYAL OAK WAY DR. JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business 3. Mailing Address 3350 NW ROYAL DAK DRIVE 3350 NW ROYAL DAK DR Suite, Apt. #, etc. Suite, Apt. #, etc 03242004 CR2E083 (10/03) Applied For City & State City & State 4. FEI Number 57-1160070 Not Applicable Country ندنه Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOX, M. LANNING Street Address (P.O. Box Number is Not Acceptable) C/O FOX, WACKEEN, DUNGEY 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Addition TITLE ☐ Change TITLE ☐ Delete RENAR DEVELOPMENT COMPANY NAME NAME 3350 NW ROYAL DAK DRIVE JENSEN BEACH, FL 34957 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition _ 🔲 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE ARNEW DOSS TR