2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



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DOCUMENT # L03000011288 1. Entity Name RENAR RIVER PLACE, LLC							04-28-2006 90	0025 01	.1 ****50.	
Principal Plac	e of Business	Mailing Address					200	3000	, ,	
3350 NW ROYAL OAK DRIVE		3350 NW ROYAL OAK DRIVE		l		•				
JENSEN BEA	CH, FL 34957	JENSEN BEACH, FL 34957			ŀ					
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2. Principal Place of Business		3. Maiing Address			ĺ		101106	LEBIEL HEBELL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01162006	Chg-LLC	CR2E	083 (11/05)	
City & Stat	e	City & State				4. FEI Numbe	er		I Ar	plied For
Only & Sideo		City & Citato			-	57-116				t Applicable
Zip	Country	Zip	Count	try					\$5.00 Add	· · · · · · · · · · · · · · · · · · ·
- -		'				5. Certificate	of Status Desired		Fee Require	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New Re	egistered	Agent	
				Name						
FOX, M. L.				Ctropt Ar	ddeoso /E	O Day Numbe	er is Not Acceptable			
	WACKEEN, DUNGEY TH FEDERAL HIGHWAY			SireerAc	GUIESS (F	O. BOX NUTTION	ei is not acceptable,	,		
STUART,										
010/11(1,1	2 04004								1 = 0 .	
				City				FL	Zip Code	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registere	ed office or	registere	ed agent, or bot	th, in the State of Flor	rida. Lam	familiar with,	and accept
SIGNATURE .										
SIGNATURE .	Signature, typed or printed name of registered agent a	and tale if applicable. (NOTE:	: Registered	d Agent signatu	re required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florida Department of State				e
9.							ADDITIONS/	CHANGES		
	MANAGING MEMBE	RS/MANAGERS	10.					011000	2	
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	MGRM	Delete	TITLE NAME		Dos	ARDEN	JR.			Addition
NAME	MGRM RENAR DEVELOPMENT COMP	Delete	TITLE NAME STREE	E	Dos:	ARDEN	JR. YALOAK D 1, FL 349	RIVE		X Addition
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11. 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 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.

RENEE'M. Doss SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE