


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2006 8:00 am**  
**Secretary of State**

07-13-2006 90081 008 \*\*\*\*50.00

<b>DOCUMENT # L05000067614</b> 1. Entity Name 4281 RENNOC LLC	
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Principal Place of Business 1813 NW 36 CT OAKLAND PARK, FL 33309 US	Mailing Address 1813 NW 36 CT OAKLAND PARK, FL 33309 US
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2. Principal Place of Business 160 SW 5th Ct Suite, Apt. #, etc.	3. Mailing Address 160 SW 5th Ct. Suite, Apt. #, etc.
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07102006 Chg-LLC CR2E083 (11/05)

City & State POMPANO BEACH FL	City & State POMPANO BEACH FL	4. FEI Number 20-3197892	Applied For Not Applicable
Zip 33060-7910	Country USA	Zip 33060-7910	Country USA

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  CONNER, JASON M 1813 NW 36 CT OAKLAND PARK, FL 33309	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00</b> <b>Due by September 6, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME CONNER, JASON M STREET ADDRESS 1813 NW 36 CT CITY-ST-ZIP OAKLAND PARK, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME CONNER, VIRGINIA M STREET ADDRESS 2741 NW 9 LANE CITY-ST-ZIP WILTON MANORS, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME CONNER, ALBERT L STREET ADDRESS 2741 NW 9 LANE CITY-ST-ZIP WILTON MANORS, FL 33311	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** Virginia M Conner VIRGINIA M CONNER 7/10/06 954-564-7026

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #