


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000067614	
1. Entity Name 4281 RENNOC LLC	

Principal Place of Business 160 SW 5TH CT POMPANO BEACH, FL 33060 US	Mailing Address 160 SW 5TH CT POMPANO BEACH, FL 33060 US
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01192007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3197892	Applied For Not Applicable
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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

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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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNER, JASON M 1813 NW 36 CT OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNER, VIRGINIA M 2741 NW 9 LANE WILTON MANORS, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CONNER, ALBERT L 2741 NW 9 LANE WILTON MANORS, FL 33311
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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.

SIGNATURE: *Virginia M Conner* VIRGINIA M CONNER 1/19/07 954-564-7026

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