


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000067614
1. Entity Name
4281 RENNOC LLC



Principal Place of Business Mailing Address
160 SW 5TH CT 160 SW 5TH CT
POMPANO BEACH, FL 33060 US POMPANO BEACH, FL 33060 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3197892	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNER, JASON M
1813 NW 36 CT
OAKLAND PARK, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000839727
03/06/08-80019-020 138.75

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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 2/20/08 954-564-7026

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