


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90061 016 \*\*\*\*50.00

<b>DOCUMENT # L99000006052</b> 1. Entity Name RENAR WATERFRONT PROPERTIES, LLC.	
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Principal Place of Business 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957	Mailing Address 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957
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60044224



2. Principal Place of Business - No P.O. Box # 3731 NE PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C200	3. Mailing Address 3731 NE PINEAPPLE AVE. Suite, Apt. #, etc. SUITE C200
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02122007 Chg-LLC CR2E083 (12/06)

City & State JENSEN BEACH, FL	City & State JENSEN BEACH, FL		
Zip 34957	Country USA	Zip 34957	Country USA

4. FEI Number 65-0954151	Applied For <input type="checkbox"/>
Not Applicable	

6. Name and Address of Current Registered Agent  FOX, M. LANNING 3473 SE WILLOUGHBY BLVD STUART, FL 34994	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;"> <span style="font-weight: bold; font-size: 1.2em;">FL</span>    Zip Code                 </div>
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM DOSS, ARDEN <input type="checkbox"/> Delete	TITLE	3731 NE PINEAPPLE AVE. - SUITE C200 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSS, ARDEN	NAME	3731 NE PINEAPPLE AVE. - SUITE C200
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	3731 NE PINEAPPLE AVE. - SUITE C200 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSS, RENEE	NAME	3731 NE PINEAPPLE AVE. - SUITE C200
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	ASCT <input type="checkbox"/> Delete	TITLE	3731 NE PINEAPPLE AVE. - SUITE C200 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSS, RENEE M	NAME	3731 NE PINEAPPLE AVE. - SUITE C200
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	VPST <input type="checkbox"/> Delete	TITLE	3731 NE PINEAPPLE AVE. - SUITE C200 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE, RHONDA S	NAME	3731 NE PINEAPPLE AVE. - SUITE C200
STREET ADDRESS	3350 NW ROYAL OAK DRIVE	STREET ADDRESS	JENSEN BEACH, FL 34957
CITY-ST-ZIP	JENSEN BEACH, FL 34957	CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** Renée M. DOSS      Date 4/25/07      Daytime Phone # 772-692-7800

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