

# 2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

<b>DOCUMENT # L00000014559</b> 1. Entity Name <b>RENAISSANCE GARAGE, LLC</b>			
Principal Place of Business <b>425 EAST 61ST STREET NEW YORK, NY 10021</b>		Mailing Address <b>425 EAST 61ST STREET NEW YORK, NY 10021</b>	
2. Principal Place of Business <b>c/o A.I. Boymelgreen</b> Suite, Apt. #, etc. <b>700 Pacific Street</b> City & State <b>Brooklyn, NY</b> Zip <b>11217</b> Country <b>USA</b>		3. Mailing Address <b>c/o A.I. Boymelgreen</b> Suite, Apt. #, etc. <b>700 Pacific Street</b> City & State <b>Brooklyn, NY</b> Zip <b>11217</b> Country <b>USA</b>	
11052004 Chg-LLC CR2E083 (10/03)		4. FEI Number <b>11-3578054</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent <b>REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND STREET SUITE 2900 MIAMI, FL 33131</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		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 reissuing) DATE _____	
<b>Amended AR is \$50.00</b>		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM METROPOLITAN QUIK PARK OF SOUTH FLORIDA 425 E 61ST ST NEW YORK, NY 10021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Olympia Florida LLC c/o A.I. Boymelgreen, 700 Pacific St., Brooklyn, New York 11217
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
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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 exemption stated in Section 119.07(3)(i), 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.			
<b>See Attached Signature Page</b>			
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

80.00

**FILED**  
 04 DEC 13 AM 7:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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[Signature Page to 2004 Limited Liability Company Amended Annual Report]

RENAISSANCE GARAGE, LLC

By: OLYMPIA FLORIDA LLC, its managing member

By:

  
Name: Jeskayahu Boymelgreen  
Title: President

Date:

12/9/04

Daytime Phone #: (718) 398-3200

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