

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90347 046 ****50.00

DOCUMENT # L01000006416

1. Entity Name
RENAR WEST I, LLC



Principal Place of Business
**3350 NW ROYAL OAK WAY
JENSEN BEACH, FL 34957**

Mailing Address
**3350 NW ROYAL OAK WAY
JENSEN BEACH, FL 34957**

2. Principal Place of Business
3350 NW ROYAL OAK DRIVE
Suite, Apt. #, etc.

3. Mailing Address
3350 NW ROYAL OAK DRIVE
Suite, Apt. #, etc.



03242004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1096921

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**FOX, M. LANNING
1100 S. FEDERAL HIGHWAY
STUART, FL 34994**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM
STREET ADDRESS RENAR DEVELOPMENT COMPANY
CITY-ST-ZIP 3350 NW ROYAL OAK DR.
JENSEN BEACH, FL 34957 ☐ Delete

TITLE NAME MGRM
STREET ADDRESS CREEK ROCK INVESTORS, LLC
CITY-ST-ZIP 2005 ORANGE AVE, SUITE 1900
ORLANDO, FL 32801 ☒ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE:

Arden Doss Jr

3/26/04

(772) 692-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

ARDEN DOSS JR