

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012904

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: RENU REALTY LLC

**Current Principal Place of Business:**

625 EXECUTIVE DR  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 440  
WINTER PARK, FL 327900440 US

**New Mailing Address:**

FEI Number: 59-3744424

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAYLOR, KYLE P  
2026 CHIPPEWA TR  
MAITLAND, FL 32751 US

**Name and Address of New Registered Agent:**

TAYLOR, KYLE P  
2026 CHIPPEWA TRAIL  
MAITLAND, FL 32751

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.

SIGNATURE: KYLE P. TAYLOR

04/30/2004

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: TAYLOR, KYLE P  
Address: 115 KILLARNEY DR.  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM ( ) Delete  
Name: TAYLOR, SUZETTE M  
Address: 115 KILLARNEY DR.  
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR, KYLE P  
Address: 2026 CHIPPEWA TRAIL  
City-St-Zip: MAITLAND, FL 32751 US

Title: MGRM (X) Change ( ) Addition  
Name: TAYLOR, SUZETTE M  
Address: 2026 CHIPPEWA TRAIL  
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KYLE P. TAYLOR

MM

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date