2006 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

FILED ANNUAL REPORT Feb 13, 2006 08:00 AM DOCUMENT # L01000012904 **Secretary of State** 1. Entity Name RENU REALTY LLC Principal Place of Business Mailing Address **625 EXECUTIVE DR** P.O. BOX 440 WINTER PARK, FL 32789 WINTER PARK, FL 32790-0440 US CR2E083 (11/05) 02102008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4 FFI Number 59-3744424 Not Applicat \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, KYLE P DO NOT WRITE 2026 CHIPPEWA TRAIL MAITLAND, FL 32751 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. Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS ø. 1331 F TAYLOR, KYLE P HAME STREET ADDRESS 2026 CHIPPEWA TRAIL U00000432299 CITY-ST-ZIP MAITLAND, FL 32751 02/23/06-80063-002 50.00 TITLE MAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 cath; 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.

OR AUTHORIZED REPRESENTATIVE

Daytime Phone &