


09-08-2003 90076 010 ***400.00

**2003 LIMITED LIABILITY COMPANY
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000012904			
1. Entity Name RENU REALTY LLC			
Principal Place of Business 115 KILLARNEY DR. WINTER PARK, FL 32789 US		Mailing Address 115 KILLARNEY DR. WINTER PARK, FL 32789 US	
2. Principal Place of Business 625 Executive Dr Suite, Apt. #, etc.		3. Mailing Address P.O. Box 440 Suite, Apt. #, etc.	
City & State Winter Park		City & State Winter Park	
Zip 32789		Zip 32789-0440	
Country Orange		Country Orange	
4. FEI Number 59-3744424		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent TAYLOR, KYLE P 115 KILLARNEY DR. WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) 2026 Chippewa Tr. City Maitland, FL FL Zip Code 32751	
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 <i>Kyle P Taylor</i> DATE 9-2-03 <small>Signature, typed or printed name of registered agent and date acceptable. (NOTE: Registered Agent's signature required when missing)</small>			
9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM TAYLOR, KYLE P 115 KILLARNEY DR. WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE	MGRM TAYLOR, SUZETTE M 115 KILLARNEY DR. WINTER PARK, FL 32789	<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
10. ADDITIONS/CHANGES <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 606, Florida Statutes. SIGNATURE: <i>Kyle P Taylor</i> DATE 9-1-03 4076292249 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			

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CHECK HERE IF MAKING CHANGES

CRE008 (10/02)