

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000016017**

1. Entity Name  
**RENAISSANCE WATERFRONT PROPERTIES, LLC**



Principal Place of Business  
**323 OSCEOLA STREET  
STUART, FL 34994**

Mailing Address  
**323 OSCEOLA STREET  
STUART, FL 34994**



07212005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1138100**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ROSAS, IRIS M  
4426 S.W. OAKHAVEN LANE  
PALM CITY, FL 34990**

**DO NOT WRITE  
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)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ADLER, STEPHEN C  
4426 S.W. OAKHAVEN LANE  
PALM CITY, FL 34990**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
ROSAS, IRIS M  
4426 S.W. OAKHAVEN LANE  
PALM CITY, FL 34990**

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STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

U000000375756  
08/05/05-80009-008 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

*Iris Rosas-Adler*

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

**7/29/05**

Date

**772-546-3223**

Daytime Phone #