

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90360 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>L 01000019475</u>			
1. Entity Name <u>Rensark, L.L.C.</u>			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>2425 Fisher Island Dr</u> Suite, Apt. #, etc.		3. Mailing Address <u>2425 Fisher Island Dr</u> Suite, Apt. #, etc.	
City & State <u>Fisher Island FL</u>		City & State <u>Fisher Island FL</u>	
Zip <u>33109</u>	Country	Zip <u>33109</u>	Country
4. FEI Number <u>57-1136271</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <u>Rosenberg, Donald S</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>One S.E. Third Ave, Ste 3030</u>			
City <u>Miami</u> FL Zip Code <u>33131</u>			
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 _____			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<u>MGR</u> <u>Krasner, Donald</u> <u>2425 Fisher Island Dr</u> <u>Fisher Island FL 33109</u>			
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other I like empowered.			
SIGNATURE: _____			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>Donald Krasner</u>			
Date <u>4/19/07</u> Daytime Phone # _____			