

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000388

Entity Name: RENAISSANCE LENDING, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

4809 EHRLICH ROAD
SUITE 201
TAMPA, FL 33624

New Principal Place of Business:

4201 WOODSTORKS WALKWAY
SUITE 101
LUTZ, FL 33558

Current Mailing Address:

4809 EHRLICH ROAD
SUITE 201
TAMPA, FL 33624

New Mailing Address:

4201 WOODSTORKS WALKWAY
SUITE 101
LUTZ, FL 33558

FEI Number: 26-0013773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ATTALLAH, EDWARD
5103 RUE VENDOME
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ATTALLAH, PATRICIA
Address: 4809 EHRLICH ROAD SUITE 201
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM () Delete
Name: ATTALLAH, EDWARD
Address: 4809 EHRLICH ROAD SUITE201
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ATTALLAH, PATRICIA
Address: 4201 WOODSTORKS WALKWAY, SUITE 101
City-St-Zip: LUTZ, FL 33558 US

Title: MGRM (X) Change () Addition
Name: ATTALLAH, EDWARD
Address: 4201 WOODSTORKS WALKWAY, SUITE 101
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: EDWARD ATTALLAH

MGRM

04/29/2009

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