

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 21, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90240 041 \*\*\*\*50.00

**DOCUMENT # L02000022498**

1. Entity Name

RENAISSANCE SQUARE NEWCO, LLC



Principal Place of Business

ATTN: HUGH L. CARAWAY, JR.  
405 N. ST. MARY'S STREET, SUITE 850  
SAN ANTONIO, TX 78205

Mailing Address

ATTN: HUGH L. CARAWAY, JR.  
405 N. ST. MARY'S STREET, SUITE 850  
SAN ANTONIO, TX 78205

30010830



**DO NOT WRITE IN THIS SPACE**

04202006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WARD, R. CARLTON  
1253 PARK STREET  
CLEARWATER, FL 33758

**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 reselecting)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
CARAWAY, HUGH L  
405 N. ST. MARY'S ST. #850  
SAN ANTONIO, TX 78205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
INTERNACIONAL REALTY, INC.  
405 N. ST. MARY'S ST. #850  
SAN ANTONIO, TX 78205

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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: \_\_\_\_\_

*Alberto Talamante (Controller)*

6-15-06

210.281.1465

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

Date

Daytime Phone #