


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L02000022498 1. Entity Name RENAISSANCE SQUARE NEWCO, LLC	
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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
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02272008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	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

WARD, R. CARLTON
1253 PARK STREET
CLEARWATER, FL 33756

**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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000930654
05/21/08-80118-007 138.75

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 ATONIO, TX 78205
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____