


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000032824**

1. Entity Name  
RENAISSANCE CENTER OF BONITA SPRINGS, LLC



Principal Place of Business 2930 IMMOKALEE ROAD SUITE 4 NAPLES, FL 34110	Mailing Address 2930 IMMOKDALE RD STE 4 NAPLES, FL 34110
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**DO NOT WRITE IN THIS SPACE**

01042005No Chg-LLC CR2E083 (10/03)

4. FEI Number 33-1033464	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

SALUAN, ANDREW J  
2930 IMMOKALEE ROAD  
SUITE 4  
NAPLES, FL 34110

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstalling)

**Filing Fee is \$50.00  
Due by May 1, 2005**

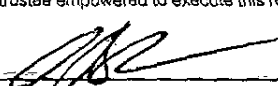
000000325087  
04/23/05-80001-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AJS MANAGEMENT CORPORATION 2930 IMMOKALEE ROAD SUITE 4 NAPLES, FL 34110
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **4/18/05** **239-596-9500**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #