LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED-MAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L02000032824

1. Entity Name

RENAISSANCE CENTER OF BONITA SPRINGS,



FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90192 023 ****50.00

			}	- WET			
	DO NOT WRITE	IN THIS SI	PAC	E			
2. Principal Place of Business		3. Mailing Address 2930 IMMOKALY Ld.			i		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State NAPLOS, E.			4. FEI Number 33-10 33 464	<u> </u>	Applied For Not Applicable
Zip	Country	Zip 34/10	Count	USA	5. Certificate of Status Desired	┌┐ \$	5.00 Additional se Required
	DO_NOT_WE	RITE		Name And	7. Name and Address of Current R		
				2930 I	inmotalee Ld. St 15		
				City NAPL	<u> </u>	FL	Zip Code 34/10
SIGNATURE	Signature, typed or printed name of registered agent and	Make Check Payab	FEE IS le to Fic OUE BY	orida Departmen	nt of State	DATE	
9*	MANAGING MEMBERS	S/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AJS Minagnal Corp. 2930 Immerable Col. Noples, F2. 34110	sk.4		ens produced lands and second			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	AND AND VERY	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			建筑建筑和市		DO_NOT_V	VRIT	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST- ZIP	IN THIS S	PAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-71P			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	T ACORESS ST: ZIP			
indicated (ertify that the information supplied with the or this report is true and accurate and the illity company or the receiver or trustee e	at my signature shall have t	he same	legal effect as if ma	ade under oath: that I am a managin	urther certify g member o	that the information or manager of the