## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT #L03000010071** 04-12-2004 90027 043 \*\*\*\*50.00 RENAR/THE FALLS, LLC Principal Place of Business Mailing Address 3350 N.W.-ROYAL-DRIVE 3350 N.W. ROYAL-DRIVE-JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 2. Principal Place of Business 3. Mailing Address 3350 NW ROYAL 3350 NW ROYAL Suite, Apt. #, etc. Suite, Apt. #, etc. 03242004 CR2E083 (10/03) Chg-LLC Applied For City & State 4. FEI Number City & State 03-0514147 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FOX. M. LANNING Street Address (P.O. Box Number is Not Acceptable) FOX, WACKEEN, DUNGEY, SEELEY, SWEET ET AL 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994 City Zip Code 8 The above named entity submissible 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 pasted pame of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. Change ☐ Addition TITLE TITLE FALLS AT JENSEN BEACH INVESTORS, LLC NAME NAME 200 S. ORANGE AVENUE, SUITE 1900 STREET ADDRESS STREET ADDRESS ORLANDO, FL 32801 C/TY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE MGRM ☐ Delete TITLE REMAR DEVELOPMENT COMPANY NAME NAME 3350 NW ROYAL DAK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JENSEN BEACH, FL CITY-ST-ZIP . 🖸 Addition Delete . TITLE \_\_\_\_ Change TIBLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

FILED

ARDEN DOSS, JR.

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