



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90025 006 \*\*\*\*50.00

DOCUMENT # L03000010071					
<b>1. Entity Name</b> RENAR/THE FALLS, LLC					
<b>Principal Place of Business</b> 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957			<b>Mailing Address</b> 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01162006    Chg-LLC    CR2E083 (11/05)	
Zip		Country		<b>4. FEI Number</b> 03-0514147	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FOX, M. LANNING FOX, WACKEEN, DUNGEY, SEELEY, SWEET ET AL 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RENAR DEVELOPMENT COMPANY		NAME	DOSS, ARDEN JR.	
STREET ADDRESS	3350 NW ROYAL OAK DRIVE		STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY-ST-ZIP	JENSEN BEACH, FL 34957		CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	<input type="checkbox"/> Delete		TITLE	MGRM/C/ASS'T. SEC/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	DOSS, RENEE M.	
STREET ADDRESS			STREET ADDRESS	3350 NW ROYAL DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	<input type="checkbox"/> Delete		TITLE	VP/S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	ROWE, RHONDA S.	
STREET ADDRESS			STREET ADDRESS	3350 NW ROYAL OAK DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> 			RENEE M. DOSS    4/26/06 772-692-7800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		