


**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					
1. Entity Name RENAR/THE FALLS, LLC					
Principal Place of Business 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957			Mailing Address 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01162006 Chg-LLC CR2E083 (11/05) 4. FEI Number 03-0514147 Applied For Not Applicable	
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
FOX, M. LANNING FOX, WACKEEN, DUNGEY, SEELEY, SWEET ET AL 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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		
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		
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: <u><i>Renee M. Doss</i></u>		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 #	