

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020914	
1. Entity Name RENAISSANCE GROUP OF THE AMERICAS, LLC	



Principal Place of Business 2008 RIVERSIDE AVENUE, SUITE 200 JACKSONVILLE, FL 32204	Mailing Address 2008 RIVERSIDE AVENUE, SUITE 200 JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE

FILED
05 MAY 12 PM 2: 26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005No Chg-LLC		CR2E083 (10/03)	
4. FEI Number 55-0836582	Applied For Not Applicable		
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RAX CO. 50 N. LAURA ST, STE 3300 JACKSONVILLE, FL 32202
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, COREY 2008 RIVERSIDE AVENUE, SUITE 200 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, CARLTON 2008 RIVERSIDE AVENUE, SUITE 200 JACKSONVILLE, FL 32204
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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: Carlton Jones Date: 4/29/05

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