2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020914

1. Entity Name

RENÁISSANCE GROUP OF THE AMERICAS, LLC



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

1732 MARGARET ST JACKSONVILLE, FL 32204 Mailing Address

% GATEWAY SHOPPING CENTER 5258-12 NORWOOD AVE JACKSONVILLE, FL 32208



DO NOT WRITE IN THIS SPACE

04242007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 55-0836582

Applied For Not Applicable

5. Certificate of Status Desired

\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM JONES, COREY 1732 MARGARET ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONES, CARLTON 1732 MARGARET ST JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000759927 05/24/07-80062-012 50.00

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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 employee of the execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/25/07 904/764-7745