2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
05 MAY -4 PM 5:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000035963

1. Entity Name
RENASSAINCE @ 62 LLC

Principal Place of Business	Mailing Address
2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133	2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133

2. Principal Place of Business		3. Mailing Address	
Suite Apt # etc		Suite Apt # etc	
City & State		City & State	
Zip	Country	Zip	Country

04262005 Chg-LLC CR2E083 (10/03)

4. FEI Number
81-0634355
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WORLD CORPORATE SERVICES, INC 2665 S BAYSHORE DR., STE 703 MIAMI, FL 33133	Name: Mitchell S. Polansky Street Address (P.O. Box Number is Not Acceptable): 2665 S. Bayshore Drive, #703 City: Miami FL Zip Code: 33133

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: Mitchell S. Polansky 4/29/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BELSOL, JOSE MANUEL 3783 CHASE AVENUE MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Belsol, Jose Manuel 3483 Chase Avenue Miami Beach, FL, 33140	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	400054318594 05/12/05--01002--019 **2002.50	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

Jose Manuel Belsol 4/29/05 (305) 858-9900

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #