2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2005
Secretary of State

DOCUMENT# L03000042459

Entity Name: RENAISSANCE INSTITUTE OF SCHOLARS AND ENTREPRENEURS LLC

Current Principal Place of Business:

3 SPRING DRIVEWAY
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

3 SPRING DRIVEWAY
OCALA, FL 34472

New Mailing Address:

550 W. MERRICK RD
SUITE 7
VALLEY STREAM, NY 11580 US

FEI Number: 20-0352997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORBES, JOHN C MGR
3 SPRING DRIVEWAY
OCALA, FL 34472 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: FORBES, JOHN C MGR
Address: 3 SPRING DRIVE WAY
City-St-Zip: OCALA, FL 34472 US

Title: MGR ( ) Delete
Name: FORBES, JOHN C MGR
Address: 3 SPRING DRIVE WAY
City-St-Zip: OCALA, FL 34472 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN C. FORBES MGR. 03/02/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date