## 2006 LIMITED LIABILITY COMPANY

SIGNATURE:

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

## Mar 31, 2006 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # L04000011143 1. Entity Name REN-O-SCAPE, L.L.C. Principal Place of Business Mailing Address 5850 63RD TERR. N. 5850 G3RD TERR, N. PINELLAS PARK, FL 33781 PINELLAS PARK, FL 33781 03242006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0416345 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALLEN, SHELLY J DO NOT WRITE 5850 63RD TERR, N. PINELLAS PARK, FL 33781 IN THIS SPACE 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 lamillar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent orgasture required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGR 51518 ALLEN, SHELLY J. NAME STREET ADDRESS 5850 63RD TERR, N. City-St-ZiP PINELLAS PARK, FL 33781 U00000488365 04/17/06-80004-002 50.U0 THEF NAME STILL I ADDRESS CHY-ST-ZIP nneNAME STREET ADDRESS DO NOT WRITE CUTY-ST-ZIP ATU IN THIS SPACE STREET ADORESS CCTY-ST-ZIP ARCE NAME SUBLET ADDRESS CHY-ST ZIP 3131.5 NAME STREET ADDRESS 11. I hereby certify that the information surplied with this fitting 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 path; 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.

**FILED** 

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