


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90196 049 \*\*\*\*50.00

**DOCUMENT # L04000031029**  
 1. Entity Name  
**RENNA ASSOCIATES LLC**



Principal Place of Business      Mailing Address  
**4272 MACKAY FALLS TERRACE**      **4272 MACKAY FALLS TERRACE**  
**SARASOTA FL 34243**      **SARASOTA FL 34243**  
**US**      **US**

2. Principal Place of Business      3. Mailing Address  
*4272 Mackay Falls Terrace*      *4272 MACKAY FALLS TERRACE*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



1st MOORE      CR2E083 (10/04)

City & State      City & State  
**SARASOTA FL**      **SARASOTA, FL**

4. FEI Number      Applied For  
**34-1992877**      Not Applicable

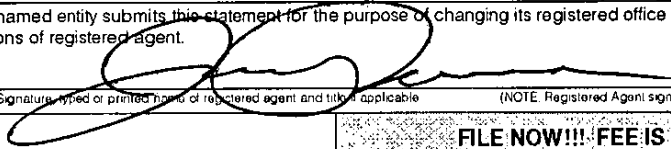
Zip      Country      Zip      Country  
**34243**      **FL**      **34243**      **FL**

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

6. Name and Address of Current Registered Agent  
**RENNA, JERRY**  
**4272 MACKAY FALLS TERRACE**  
**SARASOTA FL 34243**

7. Name and Address of New Registered Agent  
 Name **JERRY RENNA**  
 Street Address (P.O. Box Number is Not Acceptable) **4272 MACKAY FALLS TERRACE**  
 City **SARASOTA**      FL      Zip Code **34243**

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.

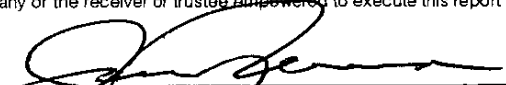
SIGNATURE       DATE **1-18-05**  
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>RENNA, JERRY</b> <b>4272 MACKAY FALLS TERRACE</b> <b>SARASOTA FL 34243</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>RENNA, ROBIN</b> <b>4272 MACKAY FALLS TERRACE</b> <b>SARASOTA FL 34243</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:       Date **1/18/05**      Daytime Phone # **(941) 351-5009**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE