


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 07, 2006 08:00 AM
Secretary of State

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|--|---|
| DOCUMENT # L04000031029 |  |
| 1. Entity Name RENNA ASSOCIATES LLC | |

| | |
|---|---|
| Principal Place of Business 4272 MACKAY FALLS TERRACE SARASOTA, FL 34243 US | Mailing Address 4272 MACKAY FALLS TERRACE SARASOTA, FL 34243 US |
|---|---|

DO NOT WRITE IN THIS SPACE



07012006No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 34-1992877 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

RENNA, JERRY
4272 MACKAY FALLS TERRACE
SARASOTA, FL 34243

**DO NOT WRITE
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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 6, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RENNA, JERRY 4272 MACKAY FALLS TERRACE SARASOTA, FL 34243 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM RENNA, ROBIN 4272 MACKAY FALLS TERRACE SARASOTA, FL 34243 |
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08/07/06-80001-010 50.00

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IN THIS SPACE**

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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **JERRY RENNA** **8/4/06** **(941)351-5009**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

#5185 8/4/06