


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 08:00 AM
Secretary of State

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 US **SARASOTA, FL 34243 US**



02022007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

RENNA, JERRY
4272 MACKAY FALLS TERRACE
SARASOTA, FL 34243

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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 re-registering)

Filing Fee is \$50.00
Due by May 1, 2007

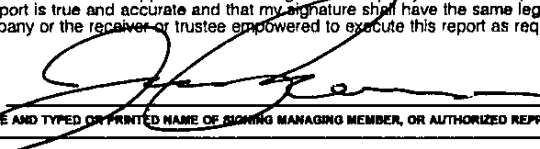
9. MANAGING MEMBERS/MANAGERS

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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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** 2/02/07 (941) 351-5009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #