
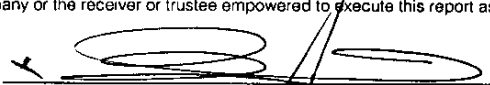


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90145 034 ****50.00

DOCUMENT # L04000054048 1. Entity Name RENAISSANCE SILVER LLC			
Principal Place of Business 3160 QUAYSIDE DRIVE COOPER CITY, FL 33026		Mailing Address 3160 QUAYSIDE DRIVE COOPER CITY, FL 33026	
2. Principal Place of Business 11131 NAUTICUS DR Suite, Apt. #, etc.		3. Mailing Address 11131 NAUTICUS DR Suite, Apt. #, etc.	
City & State HOLLYWOOD FL Zip 33026 Country		City & State HOLLYWOOD FL Zip 33026 Country	
4. FEI Number 20-1368204		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01302006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent COHEN, ALON T 3160 QUAYSIDE DRIVE COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name Alon Tila-Cohen Street Address (P.O. Box Number is Not Acceptable) 11131 NAUTICUS DR City HOLLYWOOD FL Zip Code 33026	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM NAME COHEN, ALON T STREET ADDRESS 3160 QUAYSIDE DRIVE CITY-ST-ZIP COOPER CITY, FL 33026	<input type="checkbox"/> Delete	TITLE Alon Tila-Cohen NAME Alon Tila-Cohen STREET ADDRESS 11131 NAUTICUS DR CITY-ST-ZIP HOLLYWOOD, FL 33026	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE MGR NAME RENAISSANCE SILVER LTD STREET ADDRESS % AMNON ZABUROV/ 1 HASHKIMA STREET CITY-ST-ZIP AZUR 58001 ISRAEL,	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 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 affect 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 02-02-2006 Daytime Phone # 954-319-4328	