

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90037 016 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                     |                                                              |                                                                                                                                                   |                                                        |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L04000077083</b><br>1. Entity Name<br><b>RENAISSANCE CONTRACTING, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                              |                                                                                                                                                   |                                                        |                                                                   |
| Principal Place of Business<br><b>4481 TORTIOSE ROAD<br/>VENICE, FL 34293</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                                                              | Mailing Address<br><b>4481 TORTIOSE ROAD<br/>VENICE, FL 34293</b>                                                                                 |                                                        |                                                                   |
| 2. Principal Place of Business<br><br>State, Apt. #, etc.:                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     |                                                              | 3. Mailing Address<br><br>State, Apt. #, etc.:                                                                                                    |                                                        |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                              | City & State                                                                                                                                      |                                                        |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | Country                                                      |                                                                                                                                                   | Zip                                                    |                                                                   |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     | Country                                                      |                                                                                                                                                   | 4. FEI Number<br><b>33-1104766</b>                     |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                              |                                                                                                                                                   | Applied For<br><input type="checkbox"/> Not Applicable |                                                                   |
| 6. Name and Address of Current Registered Agent<br><br><b>HELLRIEGEL, JOHN A<br/>4481 TORTIOSE ROAD<br/>VENICE, FL 34293</b>                                                                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>State <b>FL</b> Zip Code |                                                        |                                                                   |
| 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                     |                                                              |                                                                                                                                                   |                                                        |                                                                   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                                                   |                                                        |                                                                   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                                                      |                                                        |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>HELLRIEGEL, JOHN A<br>4481 TORTIOSE ROAD<br>VENICE, FL 34293 | <input type="checkbox"/> Delete                              |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                                                   | TITLE<br>NAME<br>STREET ADDRESS<br>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 600, Florida Statutes. |                                                                     |                                                              |                                                                                                                                                   |                                                        |                                                                   |
| <b>SIGNATURE:</b> <i>John A. Hellriegel</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |                                                              | 4/24/05 941 4081708                                                                                                                               |                                                        |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     |                                                              | Date Daytime Phone #                                                                                                                              |                                                        |                                                                   |