2006 LIMITED LIABILITY COMPANY

Apr 28, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000079461** 04-28-2006 90025 013 ****50.00 1. Entity Name RENAR/CHARLESTON PLACE, LLC 20038588 Principal Place of Business Mailing Address 3350 NW ROYAL OAK DRIVE 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 JENSEN BEACH, FL 34957 UŞ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-LLC CR2E083 (11/05) Applied For City & State City & State 4. FEI Number **NOT APPLICABLE** Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOX, M. LANNING Street Address (P.O. Box Number is Not Acceptable) 1100 SOUTH FEDERAL HIGHWAY STUART, FL 34994 City 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 SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (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 MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM MGRM TITLE Delete ☐ Change Addition DOSS, ARDEN JR. NAME RENAR DEVELOPMENT COMPANY NAME 3350 NW ROYAL DAK DRIVE STREET ADDRESS STREET ADDRESS 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 CITY-ST-ZIP JENSEN BEACH, FL 34957 CITY-ST-ZIP TITLE ☐ Delete TITLE MGRM/L/ASSIT SEC/T ☐ Change **X** Addition NAME NAME DOSS, RENEE M. STREET ADORESS STREET ADDRESS 3350 NW ROYAL OAK DRIVE JENSEN BEACH, FL 34957 CITY-ST-ZIP CITY-ST-ZIP VP/S/T ROWE, RHONDA S. TITLE ☐ Delete TITLE Change **X** Addition NAME NAME 3350 NW ROYAL OAK DRIVE STREET ADDRESS STREET ADDRESS JENSEN BEACH, FL 34957 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

FILED

Change

☐ 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 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.

TITI F

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TID F NAME STREET ADDRESS

CITY-ST-ZIP

RENEE'M. Doss SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE