## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L05000020577**

1. Entity Name

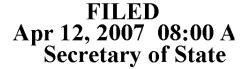
RENAISSANCE PROPERTIES ASSOCIATES, LLC



Principal Place of Business

Mailing Address

1704 JOHN ANDERSON DR ORMOND BEACH, FL 32176 1704 JOHN ANDERSON DR ORMOND BEACH, FL 32176





03222007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE DAYTONA BEACH, FL 32114

## 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

1	
9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LIPTON, RICHARD M .
STREET ADDRESS	1704 JOHN ANDERSON DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGR
NAME	HAWTHORNE, KENNETH B JR
STREET ADDRESS	70 RIVERSIDE DR
CITY-ST-ZIP	ORMOND BEACH, FL 32176
TITLE	MGR
NAME	AGNONE, LOUIS M
STREET ADDRESS	6 WINDING CREEK WAY
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	MGR
NAME	RHODES, JAN R
STREET ADDRESS	5 RIVER RIDGE TRAIL
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	·
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000702674 04/20/07-80108-011 50.00

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: ALL BLAND LIPTOW MGR. 4-9.07 386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Date

Date

386 441-6466

Daytime Phone #