
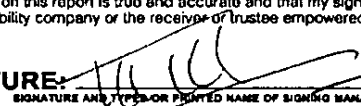


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

17.

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

01-24-2006 90064 024 ****50.00

DOCUMENT # L05000064605 1. Entity Name RENAISSANCE MANAGEMENT CO., LLC					
Principal Place of Business 211 N. SEACREST BLVD. BOYNTON BEACH, FL 33435 US			Mailing Address 209 N. SEACREST BLVD. SUITE 2 BOYNTON BEACH, FL 33435 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 20-3319670	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARONSON, CAROLE J 209 N. SEACREST BLVD. SUITE 2 BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGR REIVIK, HARRY 102 N. SWINTON AVE. DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARONSON, CAROLE J. 209 N. SEACREST BLVD., SUITE 2 BOYNTON BEACH, FL 33435
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: 			MICHAEL S. WEINER		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 13 JAN 2006		
			Daytime Phone # 561-246-2410		

ATTACHMENT

30060721

RENAISSANCE MANAGEMENT CO., LLC

209 North Seacrest Boulevard, Suite 2
Boynton Beach, FL 33435

MICHAEL S. WEINER
CAROLE ARONSON
HARRY REIVIK

February 16, 2006

Florida Department of State
Division of Corporations
Annual Reports Section
P.O. Box 6478
Tallahassee, Florida 32314

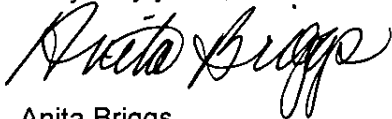
Re: Reference Number **L05000064605**
Our File No.: RMCO002

To Whom It May Concern:

Enclosed is a copy of your letter dated January 30, 2005, along with the amended 2006 Limited Liability Company Annual Report, including the FEI Number requested.

If you need anything further, please contact me.

Very truly yours,



Anita Briggs
Administrative Assistant

:ab

enclosures