


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L05000067614 1. Entity Name 4281 RENNOC LLC |  |
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| Principal Place of Business 160 SW 5TH CT POMPAN0 BEACH, FL 33060 US | Mailing Address 160 SW 5TH CT POMPAN0 BEACH, FL 33060 US |
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DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC CR2E083 (12/07)

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|---|---------------------------------------|
| 4. FEI Number 20-3197892 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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|---|-----------------------------------|
| 6. Name and Address of Current Registered Agent CONNER, JASON M 1813 NW 36 CT OAKLAND PARK, FL 33309 | DO NOT WRITE IN THIS SPACE |
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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000839727
03/06/08-80019-020 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CONNER, JASON M 1813 NW 36 CT OAKLAND PARK, FL 33309 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CONNER, VIRGINIA M 2741 NW 9 LANE WILTON MANORS, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CONNER, ALBERT L 2741 NW 9 LANE WILTON MANORS, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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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: Virginia M Conner VIRGINIA M CONNER 2/20/08 954-564-7026

SIGNATURE AND TYPE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #