FILED
May 25, 2007 8:00 am
Secretary of State

04-30-2007 90060 022 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000106673

1. Entity Name
RENAISSANCE REAL ESTATE ORLANDO, LLC

Principal Place of Business	Mailing Address
C/O GRAYROBINSON, P.A. 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	C/O GRAYROBINSON, P.A. 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602

03272007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2300 W. Park Place	2300 W. Park Place
Suite, Apt. #, etc.: Suite 146	Suite, Apt. #, etc.: Suite 146
City & State: Stone Mountain, GA	City & State: Stone Mountain, GA
Zip: 30087 Country: USA	Zip: 30087 Country: USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CIFERNI, AMEDEO A
1936 4TH STREET SOUTH
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name: Michael A. Zuppa, Esq.
Street Address (P.O. Box Number is Not Acceptable): Hamilton, Miller & Birthisel, LLP
100 S. Ashley Drive, Suite 1210
City: Tampa FL Zip Code: 33602

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] 3/27/07
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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENAISSANCE PROPERTY MANAGEMENT,LLC 2300 WEST PARK PL, STE 146 STONE MOUNTAIN, GA 30087 ☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Renaissance Real Estate Holdings, LLC 2300 W. Park Place, Suite 146 Stone Mountain, GA 30087 ☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #