2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 30, 2007 8:00 am Secretary of State

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1. Entity Name RENAISSANCE REAL ESTATE HOLDINGS, LLC Principal Place of Business Mailing Address 60044176 C/O GRAYROBINSON, P.A. C/O GRAYROBINSON, P.A. 201 N. FRANKLIN STREET, SUITE 2200 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602 TAMPA, FL 33602 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2300 W. Park Place 2300 W. Purk Place Suite, Apt. #, etc. 03272007 CR2E083 (12/06) Chg-LLC Sui K Suite 146 City & State 4. FEI Number Applied For City & State NOT APPLICABLE Stone Ma untain, GA Not Applicable Stone Country Country \$5.00 Additional Zip 5. Certificate of Status Desired \Box USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIFERNI, AMEDEO A Address (P.O. Box Number is Not Acceptable) Jamilton Miller & Birthis Street Address (P.O. Box Number 1936 4TH STREET SOUTH NAPLES, FL 34102 <u>ashley</u> Zip Code 3360つ lampa 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 ag SIGNATURE: Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRT Addition Delete MGRM TITLE Change TITLE amedeo a. Ciferni RENAISSANCE PROPERTY MANAGEMENT, LLC NAME NAME M36 4th st. South 2300 WEST PARK PLACE, STE 146 STREET ADDRESS STREET ADDRESS Naples, FL 3ALOD STONE MOUNTAIN, GA 30087 CITY-ST-ZIP CITY-ST-ZIP BURM Addition ☐ Change TITLE ☐ Delete TITLE . sieve Johnson NAME NAME 449 macewen or. STREET ADDRESS STREET ADDRESS ٠. CITY-ST-ZIP Osprey, FL 34229 CITY-ST-ZIP ☐ Addition Defete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

Danlene SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING NAMAGIER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

Date