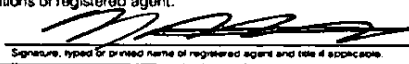
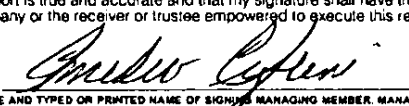


FILED
May 30, 2007 8:00 am
Secretary of State

04-30-2007 90060 023 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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DOCUMENT # L06000009239			
1. Entity Name RENAISSANCE REAL ESTATE NAPLES, LLC			
Principal Place of Business C/O GRAYROBINSON, P.A. 201 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602		Mailing Address C/O GRAYROBINSON, P.A. 201 NORTH FRANKLIN STREET, SUITE 2200 TAMPA, FL 33602	
2. Principal Place of Business - No P.O. Box # 2300 W. Park Place		3. Mailing Address 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 03222007		Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For ☒ Not Applicable	
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 & Birtshel, LLP 100 S. Ashley Dr., Suite 1210 City Tampa FL 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  DATE 3/27/07 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))			
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 ☒ Delete 2300 WEST PARK PLACE, SUITE 146 STONE MOUNTAIN, GA 30087	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Renaissance Real Estate Holdings, LLC ☐ Change ☒ Addition 2300 W. Park Place, Suite 146 Stone Mountain, GA 30087
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
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
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			