2007 LIMITED LIABILITY COMPANY

Apr 30, 2007 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L06000045969** 04-30-2007 90060 026 ****50.00 1. Fotity Name RENAISSANCE REAL ESTATE ANAHEIM, LLC 60044175 Principal Place of Business Mailing Address C/O GRAYROBINSON, P.A. C/O GRAYROBINSON, P.A. 201 N. FRANKLIN STREET, SUITE 2200 201 N. FRANKLIN STREET, SUITE 2200 TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business - No P.O. Box # 3. Mailing Address <u>2300 w</u>. Park Place 2300 W Park Place Suite, Apt. #, etc. Suite, Apt. #, etc. 03222007 Chg-LLC CR2E083 (12/06) Suite 146 Suite 146 City & State City & State 4. FEI Number Applied For Stone Mountain Not Applicable stone Mountain, GR Country Country \$5.00 Additional 5. Certificate of Status Desired 30087 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent michael a. Zuppa, CIFERNI, AMEDEO A Street Address (P.O. Box Number is Not Acceptable) Hamilton, Miller & Birthisel, LLP 1936 4TH STREET SOUTH NAPLES, FL 34102 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 Type (NOTE Registered Agent signature required when reinstating) printed name of registered agen Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRA Delete Addition TITLE HILE ☐ Change Renaissance Real Estate Holdings, Ll 2300 W. Park Place, Suite 146 RENAISSANCE PROPERTY MANAGEMENT, LLC NAME NAME STREET ADDRESS 2300 WEST PARK PLACE, SUITE 146 STREET ADDRESS Hone Mountain, GA 30087 STONE MOUNTAIN, GA 30087 CITY-ST-ZIP CITY-ST-ZIP TITLE Defete THILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED