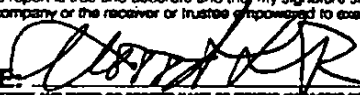


2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Jun 01, 2007 8:00 am
Secretary of State

05-07-2007 90374 003 ****50.00

DOCUMENT # L06000073575 1. Entity Name RENN PROPERTIES LLC					
Principal Place of Business 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086			Mailing Address 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		05042007 Chg-LLC CR2E083 (12/06)	
City & State Zip Country		City & State Zip Country		4. FEJ Number 75-3220556	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RENN, ELWOOD L 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 registering) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RENN, ELWOOD L 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RENN, ALFRED L 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ 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 			5-4-07 904-797-5811		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING ENDORSED OFFICER, BRANCHER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					