

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000073575 1. Entity Name RENN PROPERTIES LLC	
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FILED
Aug 06, 2008 08:00 AM
Secretary of State

Principal Place of Business 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086	Mailing Address 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086
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DO NOT WRITE IN THIS SPACE



08042008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 75-3220556	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent RENN, ELWOOD L 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

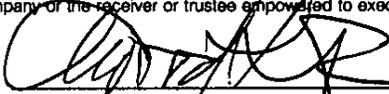
FILE NOW!!! FEE IS \$538.75
 Due by September 12, 2008

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENN, ELWOOD L 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RENN, ALFRED L 103 SEMINOLE ROAD ST AUGUSTINE, FL 32086
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 08/06/08-80002-004 538.75

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, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____