

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Aug 06, 2008 08:00 AM
Secretary of State



08042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3220556

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RENN, ELWOOD L
STREET ADDRESS 103 SEMINOLE ROAD
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE MGRM
NAME RENN, ALFRED L
STREET ADDRESS 103 SEMINOLE ROAD
CITY-ST-ZIP ST AUGUSTINE, FL 32086

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U00000957162
08/06/08-80002-004 538.75

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IN THIS SPACE**

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 #