

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053314

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: RENAISSANCE CAPITAL, LLC

**Current Principal Place of Business:**

250 NORTH FEDERAL HIGHWAY  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

250 NORTH FEDERAL HIGHWAY  
HALLANDALE, FL 33009 US

**New Mailing Address:**

FEI Number: 02-6023509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBOWITZ, MARSHALL  
4902 SARAZEN DRIVE  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JACOBOWITZ, MARSHALL  
Address: 4902 SARAZEN DRIVE  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGRM ( ) Delete  
Name: PERETZ, YEHOASHUA  
Address: 3900 PARKSIDE LANE  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGR ( ) Delete  
Name: ZEMACH, SHAI  
Address: 2958 DEERPARK DRIVE  
City-St-Zip: WALNUT CREEK, CA 94598 US

Title: MGR ( ) Delete  
Name: GINTER, JEFFREY O  
Address: 1099 OREGON BLVD.  
City-St-Zip: WATERFORD, MI 48327 US

Title: MGR ( ) Delete  
Name: MAGEN, DAVID  
Address: 3870 N. 31ST TERRACE  
City-St-Zip: HOLLYWOOD, FL 33021 US

Title: MGR ( ) Delete  
Name: CARY W. GINTER & ROB, IN Z. GINTER R E VOCABLE  
Address: 11550 ISLAND LAKES LANE  
City-St-Zip: BOCA RATON, FL 33498 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YEHOASHUA PERETZ

MGRM

01/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date