


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2008 8:00 am
Secretary of State

07-23-2008 90035 001 ***538.75

DOCUMENT # L07000057879					
1. Entity Name REDNER MANAGEMENT LLC					
Principal Place of Business 2799 NW BOCA RATON BLVD STE 203 BOCA RATON, FL 33431			Mailing Address 2799 NW BOCA RATON BLVD STE 203 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # 3324 John Anderson Dr Suite, Apt. #, etc.		3. Mailing Address 3324 John Anderson Dr Suite, Apt. #, etc.			
City & State Ormond Beach FL Zip 32176 Country USA		City & State Ormond Beach FL Zip 32176 Country USA		4. FEI Number 07082008 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SCJARRETTA, STEVEN A 2799 NW BOCA RATON BLVD STE 203 BOCA RATON, FL 33431			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCJARRETTA, STEVEN A <input checked="" type="checkbox"/> Delete 2799 NW BOCA RATON BLVD STE 203 BOCA RATON, FL 33431		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Louise Redner <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3324 John Anderson Dr Ormond Beach, FL 32176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 <u>Louise M. Bartsch Redner</u> Louise M. Bartsch Redner 7/16-08					

(386) 441-4191

ATTACHMENT 50008846
#L07060057879

STEVEN A. SCIARRETTA, P.A.

ATTORNEYS AT LAW

STEVEN A. SCIARRETTA
'LL.M. IN TAXATION

THE HAMILTON
2799 NW Boca Raton Blvd., #203
Boca Raton, Florida 33431
TELEPHONE: (561) 368-7978
TOLL FREE: (800) 545-8454
TELEFAX: (561) 368-8502

Asset Protection
Business and Taxation Planning
Probate Administration
Trusts and Estate Planning

July 3, 2008

Mrs. Dan Redner
3324 John Anderson Dr.
Ormond Beach, FL 32176

Dear Louise:

Enclosed herein are three (3) separate Notices from the State of Florida which require your attention. These companies need to be maintained, in Good Standing in order to ensure the proper working of your Estate Plan.

You may attend to the fees necessary to maintain these companies on-line or you may forward a check to the Florida Department of State, as you may prefer.

Sincerely,

STEVEN A. SCIARRETTA, P.A.

Steven A. Sciarretta
SAS/sib
Enclosure

CC: Richard Shotz