


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90079 019 \*\*\*138.75

<b>DOCUMENT # L07000100303</b>	
1. Entity Name RENAISSANCE GROUP ONE, LLC	

Principal Place of Business <del>5258 12 NORWOOD AVENUE</del> JACKSONVILLE, FL 32208	Mailing Address 5258 12 NORWOOD AVENUE JACKSONVILLE, FL 32208
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2. Principal Place of Business - No P.O. Box # 5000-7 Norwood Ave Suite, Apt. #, etc.	3. Mailing Address 5000-7 Norwood Ave Suite, Apt. #, etc.
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City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32208	Zip 32208
Country USA	Country USA



04032008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-2218563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAX CO. 50 NORTH LAURA STREET, SUITE 3300 JACKSONVILLE, FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete 4m B R M Carlton D. Jones 5000-7 Norwood Ave. Jacksonville, FL 32208	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:** \_\_\_\_\_ **4/22/08** **904 764 7745**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #