

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000038112

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: DIGITAL RENAISSANCE GROUP, LLC

## Current Principal Place of Business:

202 JOHNS DRIVE #2  
TALLAHASSEE, FL 32301

## New Principal Place of Business:

16130 EMERLAD ESTATES DRIVE  
WESTON, FL 33331

## Current Mailing Address:

202 JOHNS DRIVE #2  
TALLAHASSEE, FL 32301

## New Mailing Address:

16130 EMERLAD ESTATES DRIVE  
WESTON, FL 33331

FEI Number: 32-0277544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLDMAN, CHARLES J ESQ  
601 SOUTH FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020 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: GOLDMAN, JASON N  
Address: 1162 NW 130 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GOLDMAN, JASON N  
Address: 16130 EMERLAD ESTATES DR.  
City-St-Zip: WESTON, FL 33331

Title: DR. ( ) Change (X) Addition  
Name: BERMAN, DONALD A  
Address: 16130 EMERALD ESTATES DRIVE  
City-St-Zip: WESTON, FL 33331

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: JASON N. GOLDMAN

MGR

04/09/2009

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