

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90206 041 ****50.00

DOCUMENT # L98000000588

1. Entity Name
RENAISSANCE PARTNERS L.C.



Principal Place of Business
**3500 GATEWAY DRIVE, SUITE 101
POMPANO BEACH, FL 33069**

Mailing Address
**3500 GATEWAY DRIVE, SUITE 101
POMPANO BEACH, FL 33069**



2. Principal Place of Business - No P.O. Box #
3508 SAHARA SPRINGS BLVD
Suite, Apt. #, etc.

3. Mailing Address
3508 SAHARA SPRINGS BLVD
Suite, Apt. #, etc.

01032007 Chg-LLC CR2E083 (12/06)

City & State
POMPANO BEACH, FL
Zip
33069
Country
BROWARD

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POMPANO BEACH, FL
Zip
33069
Country
BROWARD

4. FEI Number
65-0838262

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**HICKS, THOMAS H
3500 GATEWAY DRIVE, SUITE 101
POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent
Name
HICKS, THOMAS H
Street Address (P.O. Box Number is Not Acceptable)
3508 SAHARA SPRINGS BLVD.
City
POMPANO BEACH FL Zip Code
33069

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.
THOMAS H. HICKS
DATE
1.3.07

SIGNATURE
THOMAS H. HICKS
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MGR HICKS, THOMAS H 3500 GATEWAY DRIVE, SUITE 101 POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MGR HICKS, THOMAS H 3508 SAHARA SPRINGS BLVD POMPANO BEACH, FL 33069
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: **THOMAS H. HICKS**
THOMAS H. HICKS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date
1.3.07
Daytime Phone #
954.971.3555