**File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.**

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR 12 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| FILING FEE $ 188.75 | Annual Report $100.00 + $88.75 Corporation Supplemental Fee<br>Make Check Payable To: FLORIDA DEPARTMENT OF STATE |
|---|---|

1. Name and Mailing Address of Limited Liability Company

**DOCUMENT #** L98000002547

RENAISSANCE SQUARE, L.C.
435 10TH AVENUE WEST
PALMETTO FL 34221

MAR 08 1999
RECEIVED

1a. Principal Place of Business Address
435 10TH AVENUE WEST
PALMETTO FL 34221

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Organized or Qualified | 3a. State of Formation |
|---|---|---|---|
| 525-8TH ST W | 525-8TH St W | 11/02/1998 | FL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number: 65-0825449 | ☐ Applied For ☐ Not Applicable |
| City & State: BRADENTON FL | City & State: BRADENTON, FL. | 5. Date of Last Report | 6. Certificate of Status Desired ☐ $8.75 Additional Fee Required |
| Zip: 34205 Country: | Zip: 34205 Country: | | |

| 7. Name and Address of Current Registered Agent | 8. Name and Address of New Registered Agent/Office |
|---|---|
| HENDRICKSON, ROBERT W III<br>1206 MANATEE AVENUE WEST<br>BRADENTON FL 34205 | Name: REED W MAPES<br>Street Address (P.O. Box Number is Not Acceptable): 525-8TH St W<br>Suite, Apt. #, etc.:<br>City: BRADENTON FL Zip Code: 34205 |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 3/8/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent Signature Required Whether Typed or Not)

| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
|---|---|---|---|
| MGR | MAPES & MAPES, INC. | ~~435 10TH AVENUE W.~~<br>525-8TH St W | ~~PALMETTO FL~~<br>BRADENTON, FL |

COLLECTED 47.45- - T
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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:** _____ REED W. MAPES 3/8/99 941-708-3444 EXT 23
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OR MANAGING MEMBER OR MANAGER — Date — Daytime Phone #