
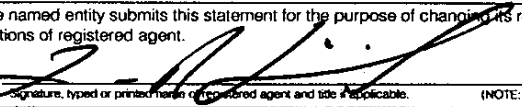
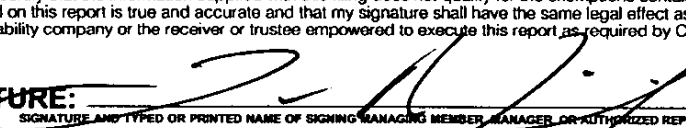


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90202 018 ***138.75

DOCUMENT # L99000003188 1. Entity Name RENA INVESTMENTS, LLC					
Principal Place of Business TAMMI RENA SIEGFRIED 14149 EDEN ISLE BLVD WINDERMERE, FL 34786			Mailing Address RENA INVESTMENTS LLC 14149 EDEN ISLE BLVD WINDERMERE, FL 34786		
2. Principal Place of Business - No P.O. Box # RENA Investments		3. Mailing Address Suite, Apt. #, etc. 430 W. Story Rd.			
City & State Ocoee FL		City & State Ocoee FL		4. FEI Number 59-3725773	
Zip 34761		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGFRIED, TAMMI OWNER 14149 EDEN ISLE BLVD WINDERMERE, FL 34786-7323				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 \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, TAMMI R OWNER 14149 EDEN ISLE BLVD WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIEGFRIED, CHRIS C DISM 14149 EDEN ISLE BLV. WINDERMERE, FL 34786	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATSON, JOHN R GM 14016 LAKE TILDEN BLV. WINTER GARDEN, FL 34787	<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			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 3/12/08 Daytime Phone #: 407-654-3172		