

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90347 045 ****50.00

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1. Entity Name
RENAR WATERFRONT PROPERTIES, LLC.

Principal Place of Business
3350 NW ROYAL OAK DRIVE
JENSEN BEACH, FL 34957

Mailing Address
3350 NW ROYAL OAK DRIVE
JENSEN BEACH, FL 34957

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03242004 Chg-LLC CR2E083 (10/03)

4. FEI Number

65-0954151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOX, M. LANNING
1100 SOUTH FEDERAL HWY
STUART, FL 34995

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DOSS, ARDEN
STREET ADDRESS 3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE MGRM ☐ Delete
NAME DOSS, RENEE
STREET ADDRESS 3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE MGRM ☒ Delete
NAME ROWE, RHONDA S
STREET ADDRESS 3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP JENSEN BEACH, FL 34957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I 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 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:

Arden Doss Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/26/04 (772) 692-7800

Date

Daytime Phone #

ARDEN DOSS JR