

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000647

**FILED**  
**Jan 15, 2008**  
**Secretary of State**

**Entity Name:** RENAISSANCE ASSOCIATES, LLC

**Current Principal Place of Business:**

8343 BAYSHORE DRIVE  
TREASURE ISLAND, FL 33076

**New Principal Place of Business:**

1227 N. PEACHTREE PKWY  
STE. 222  
PEACHTREE CITY, GA 30269

**Current Mailing Address:**

8343 BAYSHORE DRIVE  
TREASURE ISLAND, FL 33076

**New Mailing Address:**

1227 N. PEACHTREE PKWY  
STE. 222  
PEACHTREE CITY, GA 30269

**FEI Number:** 74-3168674

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALTERS, MARK P  
8343 BAYSHORE DRIVE  
TREASURE ISLAND, FL 33076 US

**Name and Address of New Registered Agent:**

PIRRELLO, JAMIE  
10181 6 MILE CYPRESS  
SUITE A-1  
FORT MYERS, FL 33966 US

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: JAMIE PIRRELLO

01/15/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WALTERS, MARK P  
Address: 8343 BAYSHORE DRIVE  
City-St-Zip: TREASURE ISLAND, FL 33076

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WALTERS, MARK P  
Address: 1227 N. PEACHTREE PKWY STE. 222  
City-St-Zip: PEACHTREE CITY, GA 30269

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: MARK P. WALTERS

MGR

01/15/2008

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