
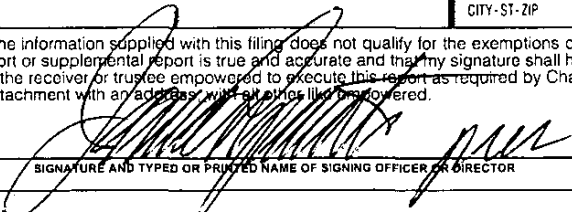


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90029 031 ***150.00

DOCUMENT # P06000145009 1. Entity Name RENAISSANCE COMMONS LEASING AND MANAGEMENT, INC.					
Principal Place of Business 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432			Mailing Address 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432		
2. Principal Place of Business - No P.O. Box # 1500 Gateway Blvd.		3. Mailing Address 1500 Gateway Blvd.			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Boynton Bch, FL		City & State Boynton Bch, FL		4. FEI Number 20-5902478	
Zip 33426		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KLEPPER, CARL 980 NORTH FEDERAL HWY SUITE 200 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name Carl Klepper Street Address (P.O. Box Number is Not Acceptable) 1500 Gateway Blvd Suite 200 City Boynton Beach FL Zip Code 33426	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS COMPARATO, JAMES 980 NORTH FEDERAL HWY, SUITE 200 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD D'ANGELO, ROBERT J 980 NORTH FEDERAL HWY, SUITE 200 BOCA RATON, FL 33432	<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			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.					
SIGNATURE:  4/28/08 561-244-6650 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					