

158.75

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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| DOCUMENT # P99000099816 1. Entity Name RENAISSANCE AT RIVERSIDE, INC. | |
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| Principal Place of Business 2008 RIVERSIDE AVE 200 JACKSONVILLE, FL 32204 | Mailing Address 2008 RIVERSIDE AVE 200 JACKSONVILLE, FL 32204 |
|--|--|

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FILED

05 MAY 12 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01112005
No Chg-P
CR2E034 (10/03)

| | |
|--|--|
| 4. FEI Number 59-3649475 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent SHEFFIELD, J HOWARD 4209 BAYMEADOWS RD, SUITE 4 JACKSONVILLE, FL 32217 | <div style="font-size: 24px; font-weight: bold; color: black;">DO NOT WRITE IN THIS SPACE</div> |
|---|---|

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 _____

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

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | |
|----------------------------|------------------------|
| TITLE | D |
| NAME | JONES, CARLTON D |
| STREET ADDRESS | 600 WHARFSIDE WAY |
| CITY-ST-ZIP | JACKSONVILLE, FL 32207 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/20/05--01003--009 **946.25

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4/29/05

12. 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 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 empowered.

SIGNATURE: Carlton D Jones Date: 4/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR