

2001 UNIFORM BUSINESS REPORT (UBR)

0023499 AF

DOCUMENT # **L99000006052**

1. Entity Name
RENAR WATERFRONT PROPERTIES, LLC.

FILED

01 MAY -2 PM 5:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. FEI Number
65-0954151

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

RJM

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

**900004324169--5
-05/29/01--01004--008
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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: *Rhonda S Rowe* MGR Date 4-20-01 (561) 692-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)