

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0023502
AF

01 APR 26 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000001377

1. Entity Name
RENAR GOLF COMMUNITIES LLC

Principal Place of Business
1201 ELM STREET, SUITE 5400
DALLAS TX 75270

Mailing Address
3350 NW ROYAL OAK DR.
JENSEN BEACH FL 34957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-2790896

Applied For
Not Applicable

Zip Country

Zip Country

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 HIGHWAY
STUART FL 34994

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. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME Delete
MGRM
RENAR GCI, INC.
STREET ADDRESS 3350 NW ROYAL OAK DRIVE
CITY-ST-ZIP JENSEN BEACH FL 34957

TITLE NAME Change Addition
400004191934
-05/09/01--01135--009
*****50.00 *****50.00

TITLE NAME Delete
MGRM
LB/PCRI CAPITAL PARTNERS, LLC
STREET ADDRESS 1201 ELM STREET, SUITE 5400
CITY-ST-ZIP DALLAS TX 75270

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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: *[Signature]* **SIGNATURE REQUIRED** 4/26/01 (561) 692-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)