2001 UNIFORM BUSII	NESS REPOI	RT (UBR	
	0001655		
RENAISSANCE PARTNERS I LIMITED PARTN	ERSHIP		FILED
Principal Place of Business 400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401 Mailing Address 400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401			O1 MAY 16 PM 3: 01 SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Place of Business 330 Clemat:s Street Suite, Apt. #, etc. Suite 214 City & State West Palm Beach FC	3. Mailing Address 330 Clemer Suite, Apt. #, etc. Su: +e 214 City & State Uest Palm	Rouch F	DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1672184 Applied For Not Applicable
Zip 33401 Country USA	Zip 33401	Country S A	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Re FRISBIE, DAVID W 400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401	gistered Agent	Name Street Add	7. Name and Address of New Registered Agent Dav: J. W. Fr. Sh. e. dress (P.O. Box Number is Not Acceptable) 1000 Ind: an Road Palm Beach FL Zip Code 33480
8. The above named entity submits this statement for the SIGNATURE Signature, typed or printed name of registered agent and 9. Capital Contributions as Shown on record. \$1,831,500.00 A GENERAL PARTNER THA	title if applicable (NOTE: R 10. Amount of Capital 0 in FLORIDA to date	egistered Agent signature Contributions	Pegistered agent, or both, in the State of Florida. 4-27-0/ PATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION EGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
DOCUMENT # P94000081308 REN I CORP. STREET ADDRESS CITY-ST-ZIP GENERAL PARTNER IN P94000081308 REN I CORP. STREET, SUITE 205 WEST PALM BEACH FL 33401		STREET ADDRESS CITY-ST-ZIP	330 Clemat:s Street, Soite 214
DOCUMENT / NAME STREET ADDRESS		STREET ADDRESS	Uest Palm Beach FL 3340/ 8000044231282 -06/15/0101084020 ***4178.75 ****\$26.25
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DOCUMENT #	<u> </u>	OTRET INDOCES	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

REN I (ORP.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

56/- 832 - 778 /