2001 UNIFORM BUSINESS REPORT (UBR
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<u> </u>				1/	7			8
DOCUMENT # A9500000591  1. Entity Name								0314 AF
RENAISSANCE PARTNERS II LIMITED PARTNERSHIP					FILED			
Principal Place of Business  400 CLEMATIS STREET. SUITE 205  WEST PALM BEACH FL 33401  WEST PALM BEACH FL 33401  WEST PALM BEACH FL 33401				i	SECRE	Y 16 PM 3: TARY OF STA IASSEE, FLOR	TE	
2. Principal Place of Business 330 Clemat: 5 Street 330 Clema Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.				Greet	DO NOT WRITE IN THIS SPACE			
City & State  City & State  City & State  West Palm Beach FL west Palm B			Beac		4. FEI Number 65-0	573823		plicable
33401	Country  Dalm Beech	Zip 3 3 40/	Pala		5. Certificate of Status		\$8.75 Addition Fee Required	al ,
6. Name and Address of Current Registered Agent FRISBIE, DAVID W 400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401				Name Street Address (	7. Name and Address of New Registered Agent  Dav. J. W. Fr.sb; e  ddress (P.O. Box Number is Not Acceptable)  1000 Indian Reach  FL Zip Code 33480			
8. The above named entity sul	omits this statement for th	ne purpose of changing its	registere	ed office or register	<del></del>	<del></del>	<u> </u>	, <del>2</del> 80
SIGNATURE Signature, typed or prin	w. Fwi	title if applicable. (NOTI	E: Registered	d Agent signature required	f when reinstating)	4 - 27	-0/	]
9. Capital Contributions as Shown on record. \$500,000.00 In FLORIDA to date					SE	AKE CHECK PAYABLE E REVERSE SIDE FO	IR FEE INFORMAT	1
		NOT be changed on the			IERED AND ACTIVE W		tner.	
DOCUMENT / P95000028179  NAME REN GP CORP.  STREET ADDRESS 400 CLEMATIS STREET, SUITE 205				EET ADDRESS	330 Clema	f.s Street	L, Suite	12
	BEACH FL 33401			-ST-ZIP	west Palm	Beach, F	L 3340	Z
NAME STREET ADDRESS CITY - ST - ZIP		•	1	ET ADDRESS .				
DOCUMENT #			STRE	ET ADDRESS		<i>₽ 29</i>	26.01	
NAME STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	<del></del>	06/15/010	<del>130</del> 1084020	<del>- 5</del>
DOCUMENT # NAME			STRE	ET ADDRESS		***4 <del>178.75</del>	<del>-****</del> 565.	<del>43  </del>
STREET ADDRESS CITY-ST-ZIP		*	CITY-	-ST-ZIP		<del></del>		
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DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		·	CITY-	ST-ZIP				
14. I hereby certify that the info indicated on this report is t the receiver or trustee emp	rue and accurate and tha	at my signature shall have	the same	legal effect as if m	ction 119.07(3)(i), Florida s nade under oath; that I am	Statutes. I further cer a General Partner of	tify that the inform the limited partne	ation rship or

empowered to execute this report as required by Chapter 620, Fig. 25 N GP (GP).

By SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER 56 - 932 - 7784 Daytime Phone # SIGNATURE: \_