## 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500000686  1. Entity Name THE RENAISSANCE OF DEERFIELD BEACH, LTD.					FILED 03 MAR 31 AM 10: 0	זח	
Principal Place of Business 2400 E. LAS OLAS BLVD. #126 FORT LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301  ### Address PMB #126 2400 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301-					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business     Amailing Address				1 (BELOIS JESO JEIN) BELLI BELLI BELLI BELLI BELLI BELLI BELLI SELIO SEL		)	
Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003			
City & State City & State			<del></del>		4. FEI Number 65-0591160	Applied For Not Applicable	
Zip	Country Zip		Cour	Country  5. Certificate of Status Desired  Fee Required  Fee Required		\$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent	<del>-</del>		7. Name and Address of New Registered	Agent	
THE RENAISSANCE OF DEERFIELD BEACH, INC.				Name			
2400 E. LAS OLAS BLVD., #126				Street Address (P.O. Box Number is Not Acceptable)			
FORT LAUDERDALE FL 33301							
				City . FL Zip Code			
		for the purpose of changing its	register	L ed office or registere	ed agent, or both, in the State of Florida. I an		
_	tions of registered agent.					1	
SIGNATURE - Signature, typed or printed name of registered agent and title if applicable.  DATE							
9. Capital Contributions as Shown on record.  10. Amount of Capital Contributions in FLORIDA to date.  11. MAKE CHECK PAYABLE TO FL. DEP						- · · · · · · · · · · · · · · · · · · ·	
	A GENERAL PARTNER	THAT IS A BUSINESS EN	ITITY M	IUST BE REGIST	ERED AND ACTIVE WITH THIS OFFICE must be filed to change a general pa	E.	
12.	GENERAL PARTNE	<del></del>	13.	i, an amendmen	ADDRESS CHANGES OF		
DOCUMENT # NAME	P95000012346 THE RENAISSANCE OF DEERFIELD BEACH, INC.			EET ADDRESS			
STREET ADDRESS City-St-Zip	2400 EAST LAS OLAS BLVD., #126 FORT LAUDERDALE FL 33301		CITY	-ST-ZIP			
DOCUMENT # NAME				EET ADDRESS	600014954506 04/01/0301004004 **\$26.25		
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NAME		·	STRE	ET ADDRESS			
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DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			_L_	-ST-ZIP			
indicated	certify that the information supplied wit on this report is true and accurate and ver or trustee empowered to execute the	d that my signature shall have t	the same	e legal effect as if ma	tion 119.07(3)(i), Florida Statutes. I further ce ade under oath; that I am a General Partner c	ertify that the information fifthe limited partnership or	

SIGNATURE: \_

STAPLE CHECK HERE

MARCH 26 2003 (954)540 2988