

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002495**

1. Entity Name

**230 CLEMATIS STREET LIMITED PARTNERSHIP**

FILED

02 MAY -3 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

**330 CLEMATIS STREET, SUITE 214  
WEST PALM BEACH FL 33401**

Mailing Address

**330 CLEMATIS STREET, SUITE 214  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

**100 S. Dixie Highway**

Suite, Apt. #, etc.

**Suite 200**

City & State

**West Palm Beach, FL**

Zip

**33401**

Country

**USA**

3. Mailing Address

**100 S. Dixie Highway**

Suite, Apt. #, etc.

**Suite 200**

City & State

**West Palm Beach, FL**

Zip

**33401**

Country

**USA**

**DUE BY MAY 1, 2002**

4. FEI Number

**65-0824037**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REN GP CORP.**

**330 CLEMATIS STREET, SUITE 214  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

**Ren GP Corp.**

Street Address (P.O. Box Number is Not Acceptable)

**100 S. Dixie Highway, Suite 200**

City

**West Palm Beach**

FL

Zip Code

**33401**

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

**President**

**4-29-02**

DATE

9. Capital Contributions  
as Shown on record.

**\$759,927.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED 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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P95000028179**  
NAME **REN GP CORP.**  
STREET ADDRESS **330 CLEMATIS STREET, SUITE 214**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

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STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

**100 S. Dixie Highway, Suite 200**

CITY-ST-ZIP

**West Palm Beach, FL 33401**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 employed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-29-02**

Date

**561-832-7784**

Daytime Phone #

CR2E003 (9/01)

0002782  
AV