## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Country						•		
Meding Address 400 CEMATS STREET, SUITE 205 50-66, Agric 4, etc.  City 5 State  City 5 State  City 5 State  City 5 State  City 6 State  City 7 State  State Address of New Registered Agent  Name  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  State Address (P.O. Box Number is Not Acceptable)  State Address (P.O. Box Number						FILED		
## Applied From Pace of Business   9. Mailing Adorses   9. Mailing Adors	330 CLEMATIS STREET LIMITED PARTNERSHIP							
Surfax, Apt. #, etc.   Surfax, Apt. #, etc.   Surfax, Apt. #, etc.   DO NOT WRITE IN THIS SPACE	400 CLEMATIS STREET. SUITE 205 400 CLEMATIS STREET. SUITE					00 MAY - 1 PM 1: 33		
Surfax, Apt. #, etc.   Surfax, Apt. #, etc.   Surfax, Apt. #, etc.   DO NOT WRITE IN THIS SPACE								
City & State  Country  S. Cardificate of Status Desired  Service Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  REN I CORP. 400 CLEMATIS STREET, SUITE 205  WEST PALM BEACH FL 33401  City  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Portds  SignaTure  Signature, injusion is placed inverse of registered agent, or both, in the State of Portds  SignaTure  Signature, injusion is placed inverse of registered agent, or both, in the State of Portds  SignaTure  Signature, injusion is placed inverse of registered agent, or both, in the State of Portds  SignaTure  Signature, injusion is placed inverse of registered agent, or both, in the State of Portds  SignaTure  Signature, injusion is placed inverse of registered agent, or both, in the State of Portds  SignaTure  Signature, injusion is placed inverse of registered agent, or both, in the State of Portds  SignaTure  Signature, injustic	2. Principal Place of Business 3. Mailing Address							
Zip Country S. Certificate of Status Desired Status Desired Service Services Service	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		PACE	
S. Certification   S. Certification   Security   Fig. Required   Agent	City & State City & State				4. FEI Number 65-0689821 Applied For Not Applicable			
REN I CORP. 406 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401  City FL Zip Code  City FL Zip Code  City FL Zip Code  City FL Zip Code  No. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride.  SIGNATURE  Spoker, hose or printed name of registered agent with the spoker.  9. Capital Contributions as Shown on record.  8. 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 filled to change a general partner.  P94000081308  REN I CORP.  WEST PALM BEACH FL 33401  SIREFLADRESS  CITY-ST-ZIP  DOCUMENT / ST-ZIP  DOCUME	Zip	Zip Country Zip		Coun	try	5. Certificate of Status Desired Fee Required		
REN I CORP. 400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401  City FL Zip Code  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing list registered agent, or both, in the State of Florida.  SIGNATURE  Speake, losed or prised name direguised agent and this approach. Port Registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions \$362,127.00 10. Amount of Capital Contributions in FLORIDA to date.  11. MARK CHECK PAYABLE TO DEPT. OF STATE SE REVERSES 300 F 90 FPR FM	6. Name and Address of Current Registered Agent							
### ADDRESS GRANGES ONLY STREET ADDRESS FOR BANGES ONLY STREET ADDRESS ONLY STREET ADD	REN I CORP							
R. 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  Synature, spead or private named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE  9. Capital Contributions as Shown on record.  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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT P94000081308  REN I CORP.  SITERT ADDRESS  OTY-ST-2P  DOCUMENT ADDRESS  OTY					Street Address (P.O. Box Number is Not Acceptable)			
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  9. Capital Contributions as Shown on report.  A GENERAL PARTNER THAT IS A BUSINESS ENTY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOGUMENT / IN THE PROPERT OF STATE STREET ADDRESS OTY-ST-ZP OF STATE ADDRESS OTY-ST-ZP OTT-ST-ZP OTY-ST-ZP OTT-ST-ZP O	WEST PALM BEACH FL 33401							
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REN I CORP.	ADDRESS CHANCES ONLY							
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DOCUMENT #   NAME   STREET ADDRESS   CITY-ST-ZP   CITY-	STREET ADDRESS	400 CLEMATIS STREET, SUITE 205			'- ST- ZIP	1,000032901		
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	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 the receiver or trustee employered to execute this report as required by Chapter 620. Florida Statutes	indicated	on this report is true and accurate and	that my signature shall have	e the sam	e legal effect as if m	ection 119.07(3)(i), Florida Statutes. I further cer nade under oath; that I am a General Partner of	tify that the information the limited partnership or	

Andrew M. A:Ken