

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000002355**

1. Entity Name
RENAISSANCE PARTNERS V LIMITED PARTNERSHIP



FILED

2003 MAY 14 PM 1:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**100 S. DIXIE HWY., SUITE 200
WEST PALM BEACH FL 33401**

Mailing Address
**100 S. DIXIE HWY., SUITE 200
WEST PALM BEACH FL 33401**

2. Principal Place of Business

999 Indian Road

3. Mailing Address

999 Indian Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

Palm Beach, FL

City & State

Palm Beach, FL

4. FEI Number **65-0835928**

Applied For

Not Applicable

Zip

33480

Country

USA

Zip

33480

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRISBIE, DAVID W
1000 INDIAN ROAD
PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

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

999 Indian Road

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

4/28/03

DATE

9. Capital Contributions
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 **100 S. DIXIE HWY., SUITE 200**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

999 Indian Road

CITY-ST-ZIP

Palm Beach, FL 33480

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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/03

DATE

561-818-0030

Daytime Phone #

CR2E003 (10/02)

0003116 AV