

2001 UNIFORM BUSINESS REPORT (UBR)

0013211 AF

DOCUMENT # **L99000004938**

1. Entity Name
101 NORTH RENAISSANCE LP, LLC

FILED

01 MAY 16 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401**
Mailing Address: **400 CLEMATIS STREET, SUITE 205 WEST PALM BEACH FL 33401**

2. Principal Place of Business: **330 Clematis Street Suite 214**
3. Mailing Address: **330 Clematis Street Suite 214**

City & State: **West Palm Beach, FL**
Zip: **33401** Country: **Palm Beach**

DO NOT WRITE IN THIS SPACE
65-0939728
4. FEI Number: **APPLIED FOR**
5. Certificate of Status Desired: **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**AIKEN, ANDREW M
400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name: **Andrew M. Aiken**
Street Address (P.O. Box Number is Not Acceptable): **145 Seagate Road**
City: **Palm Beach FL** Zip Code: **33480**

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: **Andrew M. Aiken** DATE: **4-27-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
\$50.00

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AIKEN, ANDREW M 145 SEAGATE ROAD WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Andrew M. Aiken** DATE: **4-27-01** DAYTIME PHONE: **561-832-7784**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)