APPRUVEL

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900004938 1. Entity Name 101 NORTH RENAISSANCE LP. LLC 02 MAY .. 3 PM 4: 12 SECRETARY OF STATE TAULAHASSEE, FLORIDA Principal Place of Business Mailing Address 330 CLEMATIS STREET. SUITE 214 330 CLEMATIS STREET. SUITE 214 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3801 PGA 3. Mailing Address 3801 Roulevar 3801 Boulevard Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Su.·te</u> City & State City & State 4. FEI Number Applied For 65-0939728 Palm Beach Not Applicable \$5.00 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AIKEN, ANDREW M Street Address (P.O. Box Number is Not Acceptable) 145 SEAGATE ROAD PALM BEACH FL 33480 City 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. SIGNATURE 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 **500005449745--**3 Due By May 1, 2002 -05/03/02--01048--013 ABUNNING CHANGES *****5U.UU 9. MANAGING MEMBERS/MANAGERS 10. (9/01) MGRM TITLE ☐ Delete TITLE Change AIKEN, ANDREW M NAME NAME CR2E083 STREET ADDRESS 145 SEAGATE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WEST PALM BEACH FL 33407** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

URE: ACCUSED A PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #