# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

02 MAY -3 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0014527

DOCUMENT # L99000004938

1. Entity Name

101 NORTH RENAISSANCE LP, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 330 CLEMATIS STREET. SUITE 214<br>WEST PALM BEACH FL 33401 | 330 CLEMATIS STREET. SUITE 214<br>WEST PALM BEACH FL 33401 |

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3801 PGA Boulevard | 3801 PGA Boulevard |
| Suite, Apt. #, etc.: Suite 600 | Suite, Apt. #, etc.: Suite 600 |
| City & State: Palm Beach Gardens, FL | City & State: Palm Beach Gardens, FL |
| Zip: 33410 Country: USA | Zip: 33410 Country: USA |

4. FEI Number 65-0939728 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| AIKEN, ANDREW M<br>145 SEAGATE ROAD<br>PALM BEACH FL 33480 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Department of State**
**Due By May 1, 2002**

500005449745--3
-05/03/02--01048--013
*****50.00

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>AIKEN, ANDREW M<br>145 SEAGATE ROAD<br>WEST PALM BEACH FL 33407 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ 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 Managing Member 4/26/02 561-832-7784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)