

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90695 006 \*\*\*\*50.00

0028151

DOCUMENT # L99000004938

1. Entity Name

101 NORTH RENAISSANCE LP, LLC



Principal Place of Business

Mailing Address

~~0001 PGA BLVD STE 600~~  
~~PALM BEACH GARDENS FL 33410~~

~~3001 PGA BLVD STE 600~~  
~~PALM BEACH GARDENS FL 33410~~

*% Andrew Aiken*

*% Andrew Aiken*

2. Principal Place of Business

*145 Seagate Road*

3. Mailing Address

*145 Seagate Road*

Suite, Apt. #, etc.

*Palm Beach,*

Suite, Apt. #, etc.

*Palm Beach,*

City & State

*Florida*

City & State

*Florida*

Zip

*33480*

Country

*US*

Zip

*33480*

Country

*US*



CHECK HERE IF MAKING CHANGES

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

**AIKEN, ANDREW M**  
**145 SEAGATE ROAD**  
**PALM BEACH FL 33480**

7. Name and Address of New Registered Agent

Name

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

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

*Andrew M. Aiken*

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

(NOTE: Registered Agent signature required when reinstating)

*4.30.03*

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	AIKEN, ANDREW M	145 SEAGATE ROAD	<i>Palm Beach, FL</i> <del>WEST PALM BEACH FL 00407</del> <i>33480</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*4.30.03*

Date

*561.844.8777*

Daytime Phone #

CR2E083 (10/02)