

**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: ~~0001 PGA BLVD STE 600 PALM BEACH GARDENS FL 33410~~
 Mailing Address: ~~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,**

City & State: **Florida**

Zip: **33480** Country: **US**



CHECK HERE IF MAKING CHANGES

4. FEI Number: **65-0939728**

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* DATE: **4.30.03**

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

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

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

SIGNATURE: *Andrew M. Aiken* DATE: **4.30.03** DAYTIME PHONE: **561-844-8777**

CR2E083 (10/02)