

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.

Suite, Apt. #, etc.

Palm Beach,

Palm Beach,

City & State

City & State

Florida

Florida

Zip

Country

Zip

Country

33480

US

33480

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

7. Name and Address of New Registered Agent

AIKEN, ANDREW M
145 SEAGATE ROAD
PALM BEACH FL 33480

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

4.30.03

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME AIKEN, ANDREW M
STREET ADDRESS 145 SEAGATE ROAD
CITY-ST-ZIP ~~WEST PALM BEACH FL 33407~~ *Palm Beach, FL 33480*

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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

4.30.03

561.844.8777

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

Date

Daytime Phone #

CR2E083 (10/02)