

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000004939**

1. Entity Name

ONE NORTH RENAISSANCE LP, LLC

Principal Place of Business

**400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401**

Mailing Address

**400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401**

2. Principal Place of Business

330 Clematis Street

3. Mailing Address

330 Clematis Street

Suite, Apt. #, etc.

Suite 214

Suite, Apt. #, etc.

Suite 214

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

6. Name and Address of Current Registered Agent

AIKEN, ANDREW M

**400 CLEMATIS STREET, SUITE 205
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Andrew M. Aiken

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

145 Seagate Road

City

Palm Beach

FL

Zip Code

33401

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

Andrew M. Aiken

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

\$50.00

9. MANAGING MEMBERS/MEMBERS

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

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME **400004423094--0**
STREET ADDRESS **-06/15/01--01084--020**
CITY-ST-ZIP *****4178.75 *****50.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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

Andrew M. Aiken 4-27-01

561-832-7784

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

Date

Daytime Phone #

0013262 AF

CR2E083 (11/00)

FILED

01 MAY 16 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

65-09397310

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required