

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014487

DOCUMENT # L99000004939

1. Entity Name

ONE NORTH RENAISSANCE LP, LLC

Principal Place of Business

330 CLEMATIS STREET, SUITE 214
WEST PALM BEACH FL 33401

Mailing Address

330 CLEMATIS STREET, SUITE 214
WEST PALM BEACH FL 33401

02 MAY '03 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3801 PGA Boulevard

Suite, Apt. #, etc.

Suite 600

City & State
Palm Beach Gardens, FL

Zip

33410

Country

USA

3. Mailing Address

3801 PGA Boulevard

Suite, Apt. #, etc.

Suite 600

City & State
Palm Beach Gardens, FL

Zip

33410

Country

USA

4. FEI Number

65-0939730

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 33401

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.

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 4, 2002

100005449741--6
-05/03/02--01048--013
4028.75 **50.00

9. MANAGING MEMBERS/MANAGERS

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

TITLE
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10. ADDITIONS/CHANGES

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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:

SIGNATURE

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

4-26-02

Date

561-832-7784

Daytime Phone #

CR2E083 (9/01)