FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 13, 2002 8:00 am § Secretary of State DOCUMENT # L9900008638 03-13-2002 90098 042 \*\*\*\*50 00 COASTAL RENAISSANCE, L.L.C. Mailing Address Principal Place of Business R0042553 4613 UNIVERSITY DRIVE, #345 4613 UNIVERSITY DRIVE, #345 CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0965952 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRESSETT, CHRIS J Street Address (P.O. Box Number is Not Acceptable) 3833 LANCEWOOD DRIVE **CORAL SPRINGS FL 33065** City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. TITLE MGR TITLE Change Addition CR2E083 (9/01 ☐ Delete NAME GRESSETT, CHRIS J NAME STREET ADDRESS 3833 LANCEWOOD DRIVE STREET ADDRESS C(TY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Addition TITLE Delete TITLE [] Change NAME NAME STREET ADDRESS STREET ADDRESS .CITY\_ST\_ZIF CITY-ST-ZIP [] Change ☐ Addition TITLE Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

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