

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0023502
AF

DOCUMENT # M98000001377

1. Entity Name
RENAR GOLF COMMUNITIES LLC

01 APR 26 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1201 ELM STREET, SUITE 5400
DALLAS TX 75270

Mailing Address
3350 NW ROYAL OAK DR.
JENSEN BEACH FL 34957



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 75-2790896

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FOX, M. LANNING
1100 SOUTH FEDERAL HIGHWAY
STUART FL 34994

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☐ Delete
STREET ADDRESS RENAR GCI, INC.
CITY-ST-ZIP 3350 NW ROYAL OAK DRIVE
JENSEN BEACH FL 34957

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400004191934
CITY-ST-ZIP -05/09/01--01135--009
*****50.00 *****50.00

TITLE NAME MGRM ☐ Delete
STREET ADDRESS LB/PCRI CAPITAL PARTNERS, LLC
CITY-ST-ZIP 1201 ELM STREET, SUITE 5400
DALLAS TX 75270

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED**

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

4/26/01 (561) 692-7800

Date Daytime Phone #

CR2E083 (11/00)