

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

02 MAY 29 PM 12:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A25670**

1. Entity Name  
**PREFERRED REAL ESTATE INVESTMENTS, LTD.**

Principal Place of Business <b>6700 BROKEN SOUND PKWY NW, SUITE 200 BOCA RATON FL 33487</b>	Mailing Address <b>6700 BROKEN SOUND PKWY NW, SUITE 200 BOCA RATON FL 33487</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2002</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number <b>65-0033067</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

**CANTOR, SAMUEL J.**  
**3885 ST JAMES WAY**  
**BOCA RATON FL 33434**

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

9. Capital Contributions as Shown on record. <b>\$10,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>K04014</b>	NAME <b>PREFERRED REAL ESTATE INVESTMENTS, INC.</b>	STREET ADDRESS	
	STREET ADDRESS <b>7131 HIALEAH LANE</b>	CITY-ST-ZIP	
	CITY-ST-ZIP <b>PARKLAND FL</b>		
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	<b>200005695722--6</b>
	CITY-ST-ZIP		<b>-06/07/02--01008--026</b>
			<b>****158.75 ****158.75</b>
DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	
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	STREET ADDRESS	CITY-ST-ZIP	
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DOCUMENT #	NAME	STREET ADDRESS	
	STREET ADDRESS	CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee of a partnership or trust as defined in the Florida Statutes.

SIGNATURE: *[Handwritten Signature]*      **4/29/02**      **56/9829555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (9/01)