

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000051415
 1. Entity Name
 PRESIDENTIAL SUITES INVESTMENTS-I GP, INC.



Principal Place of Business Mailing Address
 2875 NE 191ST STREET 2875 NE 191ST STREET
 SUITE 400 SUITE 400
 AVENTURA, FL 33180 AVENTURA, FL 33180



01092006 No Chg-P CR2EQ34 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1028874	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 GORDON, MARK J
 2875 NE 191ST ST.
 STE. 400
 AVENTURA, FL 33180

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, MARK J 2875 NE 191ST ST., STE. 400 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EPSTEIN, DAVID 1200 S. PINE ISLAND RD., SUITE 200 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONDRE, RICHARD D 1200 S. PINE ISLAND RD., SUITE 200 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/23/06-80044-034 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Gordon* MARK GORDON 1/26/06 305-370-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #