

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**97 JAN -9 AM 9:17**

1. Name of Limited Partnership  
**PREFERRED REAL ESTATE INVESTMENTS, LTD.**

1a. DOCUMENT #  
**A25670**



Mailing Address  
**3885 ST JAMES WAY  
BOCA RATON FL 33434**

Principal Office Address  
**3885 ST JAMES WAY  
BOCA RATON FL 33434**

2. Mailing Address  
**1489 W. Palmetto Park Rd.  
Suite 485  
BOCA RATON, FL  
33486 USA**

2a. Principal Office Address  
**1489 W. Palmetto Park Rd.  
Suite 485  
BOCA RATON, FL  
33486 USA**

3. Date Formed or Registered  
**12/23/1987**

3a. Date of Last Report  
**01/04/1996**

4. State or Country of Formation  
**FL**

5a. Capital Contributions as Shown on record.  
**\$10,000.00**

5b. Amount of Capital Contributions in FLORIDA to date:  
**10,000.00**

6. FEI Number  
**65-0033067**

7. Certificate of Status Desired  \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent  
**CANTOR, SAMUEL J.  
3885 ST JAMES WAY  
BOCA RATON FL 33434**

10. If changed, new Registered Agent/Office  
Name  
Street Address (P.O. Box Number Is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code  
**FL**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
<b>PREFERRED REAL ESTATE INVEST</b>	<b>7131 HIALEAH LANE</b>	<b>PARKLAND FL</b>	<b>K04014</b>

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. Further, I hereby certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report and file it with the Division of Corporations.

SIGNATURE **Samuel J. Cantor, V.P.** DATE **12/9/96**

Typed or Printed Name of General Partner Signing Form **Samuel J. Cantor, V.P.** Daytime Telephone Number **561 561 9839**

CR2E003 (6/96)