## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

**DOCUMENT#** A25670

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT 15 AM 9: 03

n. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number

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PREFERRED REAL ESTATE	INVESTMENTS, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1489 W. PALMETTO PARK RD.	1489 W. PALMETTO PARK RD.		12/23/1987	\$10,000.00	
STE. 485 BOCA RATON FL 33486	STE. 485 BOCA RATON FL 33486		3a. Date of Last Report 12/17/1997		
BOOK HATON 12 00400	OCON TANCON I C 00400			5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		4	
				4/0,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0033067	Applied For	
City & State	City & State			Not Applicable	
Zlp Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to: Dept. o	f State (See reverse side for fee information)	
9 Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
CANTOD CANUEL I		Name			
CANTOR, SAMUEL J. 3885 ST JAMES WAY		Street Addr	Street Address (P.O. Box Number (s-Not-Acceptable) 2 5 5 5 5 5 1 2 2 2 1 4		
BOCA RATON FL 33434		10/20/9801068014 Suite, Apt. #, etc. ****158. 75 ****158. 75			
		City Zin Zanfa // //			
agent. I am familiar with, and accept the obligat	or registered agent, or both, in the State of Fl	med limited partne lorida. Such chang	ge was authorized by its general partner(s). I here	by accept the appointment of registered	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY					
MU	ST BE REGISTERED A	ND ACTI\	/E WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each Gen	eral Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
PREFERRED REAL ESTATE INVESTA	7131 HIALEAH LANE		PARKLAND FL	K04014	
INC.			1		
			1	ľ	
1					

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 effects as if made under ogth. I further certify that I am a General Partner of the limited partnership, receiver or trustee