

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # **A25670**

1. Entity Name
PREFERRED REAL ESTATE INVESTMENTS, LTD.

00 MAR 20 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 3/28



Principal Place of Business 1489 W. PALMETTO PARK RD. STE. 485 BOCA RATON FL 33486	Mailing Address 1489 W. PALMETTO PARK RD. STE. 485 BOCA RATON FL 33486-3327
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2. Principal Place of Business 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200	3. Mailing Address 6700 Broken Sound Pkwy NW Suite, Apt. #, etc. Suite 200
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City & State Boca Raton, FL	City & State Boca Raton, FL	4. FEI Number 65-0033067	Applied For <input type="checkbox"/> Not Applicable
Zip 33487	Country USA	Zip 33487	Country USA

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date. 10,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	K04014 PREFERRED REAL ESTATE INVESTMENTS, INC. 7131 HIALEAH LANE PARKLAND FL
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	000003196290--5
CITY - ST - ZIP	-04/05/00--01014--008 ***158.75 ***158.75
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* PRESIDENT of Gen PTN 3/14/00 561 982-9555
DATE: _____ DAYTIME PHONE # _____

CR2E003 (9/99)