2001	UNIFORM BUS	INESS REPO	RT (UBR)	1-8++	0008817
DOCU	MENT # A2567	0			117 AF
PREFERRED REAL ESTATE INVESTMENTS, LTD.			. • • • • • • • • • • • • • • • • • • •	FILED	Д1
Principal Place of Business Mailing Address				01 JUL -3 AM 8:47	
6700 BROKEN SOUND PKWY NW. SUITE 200 6700 BROKEN SOUND PKWY BOCA RATON FL 33487 6700 BROKEN SOUND PKWY BOCA RATON FL 33487			wy Nw. Suite 200	SECRETARY OF STATE TALLAHASSEE FLORIDA	
2. Principal Place of Business		3. Mailing Address		- I TOURSHILL STARE HOURS DENIES BUILT HOURT DOWN BURNT BY BUILT BY BUILT BURNT BY BUILT HOURT	
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State City & State			4. FEI Number 65-0033067 Applied For Not Applicable		
Zip 	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent	
CANTOR, SAMUEL J. 3885 ST JAMES WAY BOCA RATON FL 33434			Street Addres	Street Address (P.O. Box Number is Not Acceptablé)	
			City	FL Zip Code	
8. The above	named entity submits this statement for	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, head or crinted name of teniclased epents	and title if emplicable (NOTE	: Registered Agent signature requ	iired when reinstating) DATE	
9. Capital Contributions as Shown on record. \$10,000.00 \$10. Amount of Capital Cin FLORIDA to date.			al Contributions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
·	NOTE: General Partners MA	Y NOT be changed on th	TITY MUST BE REGI e form; an amendm	STERED AND ACTIVE WITH THIS OFFICE: ent must be filed to change a general partner.	_ ~
12.	PREFERRED REAL ESTATE INVESTMENTS, INC. 7131 HIALEAH LANE PARKLAND FL TADDRESS ST-ZIP MENT # MENT #		13.	ADDRESS CHANGES ONLY	6
NAME			STREET ADDRESS		03 (11/00)
			CITY-ST-ZIP	4000044745343	CR2E00
DOCUMENT # NAME			STREET ADDRESS	400044745343 -0771370101050-010 ****158.75 ****158.75	S
STREET ADDRESS City-St-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP DOCUMENT	P		CITY-ST-ZIP		
NAME STREET ADDRESS			STREET ADDRESS		
14. I hereby o	certify that the information sumblied with	this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information	

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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 by execute this report as required by Chapter 620, Florida Statutes.

GNATURE:

SIGNATURE

Daytime Phone *

Daytime Phone *

SIGNATURE !!