

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31741

1. Entity Name
PRESIDENTIAL PLACE PARTNERS, LTD.

FILLED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 28 AM 3:05

Principal Place of Business
2300 NORTHWEST CORPORATE BLVD., STE. 238
BOCA RATON FL 33431

Mailing Address
2300 NORTHWEST CORPORATE BLVD., STE. 238
BOCA RATON FL 33431-7308



2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number **65-0297414** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
FLORA, TERRY
3003 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES FL 34103

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. **\$12,404,700.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$12,404,700.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	S61399 JWT/PRESIDENTIAL, INC. 2300 N.W. CORP. BL, #238 BOCA RATON FL	STREET ADDRESS CITY - ST - ZIP	 33431
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	S55260 COLLIER PRESIDENTIAL, INC 3003 TAMIAMI TRAIL NORTH NAPLES FL	STREET ADDRESS CITY - ST - ZIP	3003 Tamiami Trail N. Ste 400 34103
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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: *Callin Management Services, Inc., G.P.*
SIGNATURE REQUIRED *Terry L. Flora* 4/20/00 941-261-4455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)