2004 LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE:

Due By May 1, 2004 DOCUMENT # A31741 04 MAY 10 AM 8: 27 PRESIDENTIAL PLACE PARTNERS, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 3003 9TH STREET NORTH 2300 NORTHWEST CORPORATE BLVD., STE. 238 BOCA RATON, FL 33431 SUITE 400 NAPLES, FL 34103 2. Principal Place of Business 3. Mailing Address 3003 TAMIAMITRAIL NORTH Suite, Apt. #, etc. 04272004 CR2E003 (10/03) Chg-LP Applied For 4. FEI Number City & State FL 65-0297414 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORINA, ROBERT D Street Address (P.O. Box Number is Not Acceptable) 3003 TAMIAMI TRAIL NORTH SUITE 400 NAPLES, FL 34103 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$12,628,546.00 a S12,628,546.00 in FLORIDA to date. \$/2,628,546.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. as Shown on record. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. S61399 DOCUMENT # STREET ADDRESS JWT/PRESIDENTIAL, INC. 2300 N.W. CORP. BL, #238 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP BOCA RATON, FL DOCUMENT # 3003 TAMIAMI TRAIL NORTH, SUITE 400 STREET ADDRESS COLLIER PRESIDENTIAL, INC NAME STREET ADDRESS 3003 TAMIAMI TRAIL NORTH NAPLES FL 34/03 CITY-ST-ZIP CITY-ST-ZIP NAPLES, FL 34103 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 100037437041 /01/04-01014-016 **526 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME TREET ADDRESS CITY-ST-ZIP 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

ROBERT D. CORWA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENER

APPROY!

239-261-4455