## 2003 LIMITED PARTNERSHIP

1. Entity Nam	MENT # A3174(	A A	2			. 00		ED AMII: 27	¥9 AV
Principal Place of Business 2300 NORTHWEST CORPORATE BLVD., STE. 238 BOCA RATON FL 33431		Majing Address 3003,9TH STREET NORTH SUITE 400 NAPLES FL 34103			SECRE MARY OF STATE AND SEE, FEE				
2. Principal P	Place of Business	-3. Mailing Address	_		=7:1  <b>10</b>    }	U }  011  2 U    U     010	1:161 !    01611 <del>  </del>   :	:	
Suite, Apt. #, etc.		`Suite, Apt. #, etc.			DUE BY MAY 1, 2003				
City & State		City & State		4. FEI Num	ber 65-029741	4	Applied For Not Applicab		
Zip Country		Zip Country		try	5. Certificate of Status Desired		8.75 Additional		
	6. Name and Address of Current I	Registered Agent			7. Name ar	nd Address of New		<u>'</u>	$\dashv$
				Name Cop	11/4	PARERT	7)		
FLORA, TERRY  3003 TAMIAMI TRAIL NORTH				Street Address (P.O. Box Number is Not Acceptable)					<u>-</u>
SUITE 400				300	3 TAM	IPMI TRE	1/L /V , .	SIE 400	
NAPLES F		•							
IVALUES I	-L 34103			City 1/A0	LES		FL	Zip Code	
	named entity submits this statement for	the purpose of changing its r	egistere			oth, in the State of	Florida. I am fa	miliar with, and accep	nt
the obligat	ions of registered agent.	,			0.10	٠. (٥٥			}
SIGNATURE -	Signature, typed or printed name of registered agent as		ct D.	Corina	2/2	25/03	DATE		}
9. Capital Co	ntributions \$12,404,700.00	10. Amount of Capita		outions	6/1/00			O FL. DEPT. OF STATE	
as Shown	A GENERAL PARTNER T	in FLORIDA to da		UST BE BEGIS	TERED AND			FEE INFORMATION	
	NOTE: General Partners MA								
12.	GENERAL PARTNER	INFORMATION	13.	·	=	ADDRESS C	HANGES ONLY	<u> </u>	-} <sub>€</sub>
DOCUMENT # NAME	S61399 JWT/PRESIDENTIAL, INC. 2300 N.W. CORP. BL, #238 BOCA RATON FL		STRE	ET ADDRESS	4	a		~	10/02
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	05/06/0301078025 **526.25				CR2E003 (10/02)
DOCUMENT #	S55260 COLLIER PRESIDENTIAL,INC		STRE	ET ADDRESS			•		SB
STREET ADDRESS CITY-ST-ZIP	[			-ST-ZIP	APLES	FL	3411	)3	
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NAME STREET ADDRESS			,		<u> </u>				
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STREET ADDRESS			CITY-	ST-ZIP	<del></del>		<u> </u>		7
CITY-ST-ZIP	and the state of the second se	ALIA COMPANIAN AND AND AND AND AND AND AND AND AND A	<u> </u>			WO FIGURE OF THE	16	6 - Ab - 4 - 4b - 1- 4	
indicated	certify that the information supplied with on this report is true and accurate and t ver or trustee empowered to execute this	hat my signature shall have th	ne same	legal effect as if	ection 119.07(3 made under oa	ואָנו), דיסוממ Statutes th; that I am a Gene	s. I further certiferal Parther of the	ry mat the information he limited parthership	or .

SIGNATURE:

WANGE PEQUIRE Bobert D. Corina SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/25/03 Date

239-261-4455

Daytime Phone #