2000 UNIFORM BUSINESS REPORT (UBR)

				, ,	,		
DOCUMENT # A9700001334 1. *Entity Name*						FILED	
THE PRESIDENTIAL ASSOCIATES LIMITED PARTNERSHIP					SECRETARY OF STATE DIVISION OF CORPORATIONS		
Principal Place of Business 2033 MAIN STREET. SUITE 101 SARASOTA FL 34237		Mailing Address PO BOX 3319 SARASOTA FL 34230-3319		00 APR 28 AM 3: 05			
2. Principal Pl	3. Mailing Address	Mailing Address			\$ \$ 12);	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number	65-0761423	Applied For Not Applicable	
Zip	Country	Zip	Coun	ntry		f Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent Name			
ZITO, CAF	RMFILO	14					
1634 MAIN		Street Address		(P.O. Box Number	is Not Acceptable)		
SARASOTA FL 34236		·			2 Million P.		
				City	FL Zip Code		
8. The above	named entity submits this statement for	or the purpose of changing its	register	ed office or registe	red agent, or both	, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered (Cart	and title if applicable. (NOTE	: Registere	d Agent signature require	d when reinstating)	THE DATE	en was
9. Capital Contributions as Shown on record. 421,450.00 in FLORIDA to date.				butions		11. MAKE CHECK PAYAB SEE REVERSE SIDE (LE TO DEPT. OF STATE FOR FEE INFORMATION
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS EN	TITY M	UST BE REGIS	TERED AND AC	CTIVE WITH THIS OFFICE	CE.
12,	GENERAL PARTNE		13.		tt tilast be insu	ADDRESS CHANGES C	
DOCUMENT# NAME	L9700000331 SEQUOIA ASSOCIATES,L.C. 1634 MAIN STREET SARASOTA FL 34236			EET ADORESS			
STREET ADDRESS CITY - ST - ZIP				- ST- ZIP)68888 5	
DOCUMENT# NAME STREET ADDRESS	P97000044730 PRESIDENTIAL HOUSING AND APARTMENTS, INC. 2033 MAIN STREET, SUITE 101			EET ADDRESS	-05/26/0001078007 ****526.25 ****526.25		
CITY-ST-ZIP	SARASOTA FL 34237			'-ST-ZIP	<u> </u>		
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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: SIGNATURED WARREN Date Destine Phone &							