2001	UNIFORM BUSI	NESS REPO	RT	(UBR)	- -			011184
DOCUMENT # A9700001334								84 Af
THE PRESIDENTIAL ASSOCIATES LIMITED PARTNERSHIP					FIL	_ED ()	••
, , , , , , , , , , , , , , , , , , ,	re of Business REET. SUITE TOI -04297	Mailing Address PO BOX 33199 SARASOTA FL 24220			O1 MAR 15 AM 11: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
323		3. Mailing Oddress Bot 21284			- - 	# 	 	
Suite, Act	,#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THI	S SPACE	
City & State		SAL HOM F		٠	4. FEI Number	65-0761423	Applied For Not Applicable	le
Zip >1	Country	Zip	Coun	itry	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	-}
	6. Name and Address of Current I	<u> </u>			7. Name and /	Address of New Registere	d Agent	
ZITO, CAR 1 634 MAII SARASOT	3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	•		(P.O. Box Number	is Not Acceptable)		- - -	
			City		F	- ,		
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 Signature, typed or printed name of registering eacht and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
9. Capital Contributions as Shown on record. 421,460.00 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS							FOR FEE INFORMATION	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT	ITY M e form	UST BE REGIS ; an amendmer	TERED AND AC nt must be filed	STIVE WITH THIS OFFI to change a general p	CE artner.	
12. GENERAL PARTNER INFORMATION						ADDRESS CHANGES C	NLY	_ ଚ
DOCUMENT # NAME STREET ADDRESS	L97000000331 SEQUOIA ASSOCIATES,L.C. 1634 MAIN STREET SARASOTA FL 34236			EET ADORESS		0000388:	90338	 E003 (11/00)
CITY-ST-ZIP				-ST-ZIP		<u>-03/20/01-</u>	<u>-01106006</u>	<u></u> 1 ∾
DOCUMENT # NAME STREET ADDRESS	P97000044730 PRESIDENTIAL HOUSING AND APARTMENTS, INC.		STRE	EET ADORESS	·	****526.29	5 *****526.25	S S
CITY-ST-ZIP	2033 MAIN STREET, SUITE 101 SARASOTA FL 34237			-ST-ZIP				_
DOCUMENT #	المراج والمستوال المتحافظ المراج الأراد والمستحدد	<u>-</u>	STRE	ET ADDRESS	,			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	<u></u> .			
DOCUMENT # NAME			STRE	ET ADDRESS				_
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP				_
DOCUMENT # NAME	ME .			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	·	·	CITY	-ST-ZIP	~ <u>~</u>			
DOCUMENT # NAME #**			STRE	ET ADDRESS		· 		
STREET ADDRESS CITY-ST-ZIP				-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								
SIGNATURE: SIGNATURE AND TYPED OF PRINTEN VANE OF SIGNING GENERAL PARTNER Date Daytime Phone #								