2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000001334

FILED
02 FEB 18 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000068 AT

1. Entity Name

THE PRESIDENTIAL ASSOCIATES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
3232 FRUITVILLE RD. SARASOTA FL 34237	P.O. BOX 21284 SARASOTA FL 34276

2. Principal Place of Business		3. Mailing Address		DUE BY MAY 1, 2002
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 65-0761423 ☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ZITO, C. J. 3232 FRUITVILLE RD. SARASOTA FL 34237	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$421,400.00		

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	L97000000331 SEQUOIA ASSOCIATES,L.C. 1634 MAIN STREET SARASOTA FL 34236	STREET ADDRESS CITY-ST-ZIP	000004990960--9 -02/22/02--01048--001 ****526.25 ****526.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000044730 PRESIDENTIAL HOUSING AND APARTMENTS, INC. 2033 MAIN STREET, SUITE 101 SARASOTA FL 34237	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/01)

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 REQUIRED _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #