

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 17, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001334					
1. Entity Name THE PRESIDENTIAL ASSOCIATES LIMITED PARTNERSHIP					
Principal Place of Business 3232 FRUITVILLE RD. SARASOTA, FL 34237			Mailing Address P.O. BOX 21284 SARASOTA, FL 34276		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02202004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0761423				Applied For ☐ Not Applicable	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$421,400.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L97000000331		STREET ADDRESS		
NAME	SEQUOIA ASSOCIATES, L.C.		CITY-ST-ZIP		
STREET ADDRESS	1634 MAIN STREET				
CITY-ST-ZIP	SARASOTA, FL 34236				
DOCUMENT #	P97000044730		STREET ADDRESS		
NAME	PRESIDENTIAL HOUSING AND APARTMENTS, INC.		CITY-ST-ZIP		
STREET ADDRESS	2033 MAIN STREET, SUITE 101				
CITY-ST-ZIP	SARASOTA, FL 34237				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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)(f), 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: _____			15th April 2004		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		



02202004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0761423 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

ZITO, C. J.
 3232 FRUITVILLE RD.
 SARASOTA, FL 34237

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$421,400.00 **10. Amount of Capital Contributions** in FLORIDA to date.

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 #	L97000000331	STREET ADDRESS	
NAME	SEQUOIA ASSOCIATES, L.C.	CITY-ST-ZIP	
STREET ADDRESS	1634 MAIN STREET		
CITY-ST-ZIP	SARASOTA, FL 34236		
DOCUMENT #	P97000044730	STREET ADDRESS	
NAME	PRESIDENTIAL HOUSING AND APARTMENTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2033 MAIN STREET, SUITE 101		
CITY-ST-ZIP	SARASOTA, FL 34237		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

U00000096638
 03/26/04-80003-021 526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 15th April 2004
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE