


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # A99000000991 1. Entity Name THE PREFERRED P'S LIMITED PARTNERSHIP	
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Principal Place of Business ONE DAVIS BLVD., SUITE 703 TAMPA, FL 33606	Mailing Address ONE DAVIS BLVD., SUITE 703 TAMPA, FL 33606
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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03082008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3578570	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, RANDELL M ESQ. HINES, NORMAN & ASSOCIATES, P.L. 315 S. HYDE PARK AVENUE TAMPA, FL 33606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	FL	Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable

0000000990611
 04/22/08-20102-012-500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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
	PAUL D. READ, TRUSTEE		
	ONE DAVIS BLVD., SUITE 703		
	TAMPA, FL 33606		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PRISCILLA S. READ, TRUSTEE		
	ONE DAVIS BLVD., SUITE 703		
	TAMPA, FL 33606		
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 1/31/08
 Daytime Phone #: 813-251-0802