

# 2011 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000000991

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** THE PREFERRED P'S LIMITED PARTNERSHIP

**Current Principal Place of Business:**

ONE DAVIS BLVD., SUITE 703  
TAMPA, FL 33606

**New Principal Place of Business:**

1000 N ASHLEY DR  
600  
TAMPA, FL 33602

**Current Mailing Address:**

ONE DAVIS BLVD., SUITE 703  
TAMPA, FL 33606

**New Mailing Address:**

P O BOX 2964  
TAMPA, FL 33601

FEI Number: 59-3578570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MILLER, RANDELL M ESQ.  
HINES, NORMAN & ASSOCIATES, P.L.  
315 S. HYDE PARK AVENUE  
TAMPA, FL 33606 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: PAUL D. READ, TRUSTEE  
Address: ONE DAVIS BLVD., SUITE 703  
City-St-Zip: TAMPA, FL 33606

**ADDRESS CHANGES ONLY:**

Address: 1000 N ASHLEY DR #600  
City-St-Zip: TAMPA, FL 33602

Document #:

Name: PRISCILLA S. READ, TRUSTEE  
Address: ONE DAVIS BLVD., SUITE 703  
City-St-Zip: TAMPA, FL 33606

Address: 1000 N ASHLEY DR #600  
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: PRISCILLA S READ

TRUS

04/18/2011

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date