LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT #** B01000000445 02 JUN 21 AM 9: 31 1. Entity Name PM PREFERRED PROPERTIES, L.P. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE 3. Mailing Address 2. Principal Place of Business 10575 WESTOFFICE DR. 10575 WESTOFFICE DR. Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1** Applied For 4. FEI Number City & State City & State 76-0700111 HOUSTON, Not Applicable TX HOUSTON, TX \$8.75 Additional Country Zip Country 5. Certificate of Status Desired U.S. 77042 77042 U.S. 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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, typed or printed name of registered agent and title if applicable 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 33,000,000.00 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. GENERAL PARTNER INFORMATION 12. 6140000010 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # -STREET ADDRESS NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP CITY\_ST-ZIP IN THIS SPACE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 400005973654---06/25/02--01053--010 CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # \*\*\*\*385.00 STREET ADDRESS \*\*\*\*385.00 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # --06/25/02--01053--011 STREET ADDRESS NAME V \*\*\*150.00 \*\*\*\*150.00 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: \_\_\_

WWO TO

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