

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000201

1. Entity Name
PREFERRED MAIN GATE WEST, L.P., LIMITED PARTNERS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -6 PM 1:33

Principal Place of Business
6900 E. 2ND STREET
SCOTTSDALE AZ 85251

Mailing Address
6900 E. 2ND STREET
SCOTTSDALE AZ 85251-5305



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		93-1209233		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.	\$3,243,339.00	10. Amount of Capital Contributions in FLORIDA to date.	0	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	F96000002841	STREET ADDRESS	
NAME	PREFERRED MAIN GATE WEST, INC.	CITY - ST - ZIP	
STREET ADDRESS	6900 E. 2ND STREET	STREET ADDRESS	
CITY - ST - ZIP	SCOTTSDALE AZ 85251	CITY - ST - ZIP	800003298108--8
DOCUMENT #		STREET ADDRESS	06/21/00--01004--011
NAME		CITY - ST - ZIP	****141.25 ****141.25
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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)(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: David J. Shreve 5/1/00 (480)874-0706
 PREFERRED MAIN GATE WEST, INC.
 DATE: 5/1/00 DAYTIME PHONE: (480)874-0706