

2001 UNIFORM BUSINESS REPORT (UBR)

0017284 AF

DOCUMENT # **B9600000201**

1. Entity Name

PREFERRED MAIN GATE WEST, L.P., LIMITED PARTNERS

FILED

01 JUL 13 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 6900 E. 2ND STREET SCOTTSDALE AZ 85251 | Mailing Address 6900 E. 2ND STREET SCOTTSDALE AZ 85251 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 209 Phipps Plaza Suite, Apt. #, etc. | 3. Mailing Address 209 Phipps Plaza Suite, Apt. #, etc. |
|---|---|

| | | | |
|-------------------------------|-------------------------------|-----------------------------|--|
| City & State Palm Beach FL | City & State Palm Beach FL | 4. FEI Number 93-1209233 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33480 | Country USA | Zip 33480 | Country USA |

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

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. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|--|---|--|

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

| | |
|----------------|--------------------------------|
| DOCUMENT # | F96000002841 |
| NAME | PREFERRED MAIN GATE WEST, INC. |
| STREET ADDRESS | 6900 E. 2ND STREET |
| CITY-ST-ZIP | SCOTTSDALE AZ 85251 |

13. ADDRESS CHANGES ONLY

| | |
|----------------|----------------------|
| STREET ADDRESS | 209 Phipps Plaza |
| CITY-ST-ZIP | Palm Beach, FL 33480 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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)(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 ST 7/28/01 (561) 835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)