

2002 UNIFORM BUSINESS REPORT (UBR)

0004006 AV

DOCUMENT # B96000000201

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

APPROVED
AND
FILED

02 MAY 22 AM 11:30

Principal Place of Business: **209 PHIPPS PLAZA, PALM BEACH FL 33480**

Mailing Address: **209 PHIPPS PLAZA, PALM BEACH FL 33480**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business: **1 N. Clematis Street, Suite 305, West Palm Beach, FL 33401, USA**

3. Mailing Address: **1 N. Clematis Street, Suite 305, West Palm Beach, FL 33401, USA**

DUE BY MAY 1, 2002

4. FEI Number: **93-1209233**

5. Certificate of Status Desired: **\$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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: **\$3,243,339.00**

10. Amount of Capital Contributions in FLORIDA to date: **3,243,339**

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 | 209 PHIPPS PLAZA |
| CITY-ST-ZIP | PALM BEACH FL 33480 |
| 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 | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | 1 N. Clematis Street, Suite 305 |
| CITY-ST-ZIP | West Palm Beach, FL 33401 |
| STREET ADDRESS | |
| CITY-ST-ZIP | 700005694917--8 |
| | -06/06/02--01070--007 |
| | ****926.25 ****926.25 |
| 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. Shreeve** VP/Sec/Treasurer **5-14-02 (561)835-1810**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)