2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # B9600000201 PREFERRED MAIN GATE WEST, L.P., LIMITED PARTNERS HIP Mailing Address
1 N. CLEMATIS ST., STE. 305 Principal Place of Business 1 N. CLEMATIS ST., STE. 305 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY SEPTEMBER 24, 2003 Applied For 4. FEI Number City & State 93-1209233 City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 'ew Registered Agent 7. Name and Address of 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

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. I am familiar with, and accept the obligations 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.

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.

ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. F96000002841 DOCUMENT # STREET ADDRESS PREFERRED MAIN GATE WEST, INC. 1 N. CLEMATIS ST., STE. 305 STREET ADDRESS CITY-ST-ZIP West Palm Beach FL 33401 CITY-ST-ZIP 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 STREET ADDRESS SIT ST-ZIP PENSTATEME CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 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:

SIGNATURE AND TYPE PROPRIETED NAME OF SPONING GENERAL PARTNER 1 T

10-2-2003 (561)835-1810

Daytime Phone #

CR2E003 (4/03)

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