## 2004 LIMITED PARTNERSHIP ANNIAL ZEPORT Due By September 8, 2004

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## DOCUMENT # B96000000201 PREFERRED MAIN GATE WEST, L.P., LIMITED FILED **PARTNERSHIP** Mailing Address Principal Place of Business 2004 AUG 20 P 1: 22 ONE NORTH CLEMATIS STREET, SUITE 305 ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401 2. Principal Place of Business 3. Mailing Address 2950 REEDY CREEK BLUD 2950 REEDY CREEK BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. 08112004 Chg-LP CR2E003 (10/03) Applied For 4. FEI Number City & State City & State FL Kissimmee 93-1209233 Not Applicable KISSIMMEE Country Country \$8.75 Additional Zip 5. Certificate of Status Desired USA 34 Fee Required WSA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOE LONGO DAVID J. WIENER, P.A. Street Address (P.O. Box Number is Not Acceptable) 2950 REEDY CREEK BLUD ONE NORTH CLEMATIS STREET, SUITE 305 WEST PALM BEACH, FL 33401 34747 Kissimmee 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. JOE LONGO CORPORATE CONTROLLER SIGNATURE or printed name of registered agent and title if applicable 437.50 + 88.75 + 400.00 + 8.75 9. Capital Contributions s 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 12. GENERAL PARTNER INFORMATION F96000002841 DOCUMENT # STREET ADDRESS 2950 REEDY CREEK BLUD NAME PREFERRED MAIN GATE WEST, INC. STREET ADDRESS ONE NORTH CLEMATIS STREET, SUITE 305 CITY-ST-ZIP KISSIMMEE CITY-ST-ZIP WEST PALM BEACH, FL 33401 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>400040651794</del> 08/31/04--01004--021 \*\*935.00 DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # 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 execute this report as required by Chapter 620, Florida Statutes

GRANT B MCRANIL

E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER