

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B96000000203

1. Entity Name
PREFERRED RESORT MAIN GATE, L.P., LIMITED PARTNERSHIP



FILED

2004 AUG 20 P 1:21

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



08112004 Chg-LP CR2E003 (10/03)

Principal Place of Business
**ONE NORTH CLEMATIS STREET, SUITE 305
 WEST PALM BEACH, FL 33401**

Mailing Address
**ONE NORTH CLEMATIS STREET, SUITE 305
 WEST PALM BEACH, FL 33401**

2. Principal Place of Business
2950 REEDY CREEK BLVD

3. Mailing Address
2950 REEDY CREEK BLVD

Suite, Apt. #, etc.

City & State
KISSIMMEE FL

Zip
34747

Country
USA

4. FEI Number
93-1209234

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAVID J. WIENER, P.A.
 ONE NORTH CLEMATIS STREET, SUITE 305
 WEST PALM BEACH, FL 33401**

Name
JOE LONGO

Street Address (P.O. Box Number is Not Acceptable)
2950 REEDY CREEK BLVD

City
KISSIMMEE FL

Zip Code
34747

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.

SIGNATURE *Joe Longo* **JOE LONGO CORPORATE CONTROLLER** 8/16/04
 Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$2,537,568.00**

10. Amount of Capital Contributions in FLORIDA to date. **437.50 + 88.75 + 400.00 + 8.75 = \$935.00**

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 #	F96000002842	STREET ADDRESS	2950 REEDY CREEK BLVD
NAME	PREFERRED RESORT MAIN GATE, INC.	CITY - ST - ZIP	KISSIMMEE FL 34747
STREET ADDRESS	ONE NORTH CLEMATIS STREET, SUITE 305		
CITY - ST - ZIP	WEST PALM BEACH, FL 33401		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	08/31/04--01004--020 **935.00
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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:

Grant B McPhail

GRANT B McPHAIL

8/16/04

949-369-9722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE