

2001 UNIFORM BUSINESS REPORT (UBR)

0017311 AF

DOCUMENT # **B96000000205**

1. Entity Name

PREFERRED BUILDING, L.P., LIMITED PARTNERSHIP

FILED

Principal Place of Business

6900 E. 2ND STREET
SCOTTSDALE AZ 85251

Mailing Address

6900 E. 2ND STREET
SCOTTSDALE AZ 85251

01 JUL 13 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

209 Phipps Plaza

3. Mailing Address

209 Phipps Plaza

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Beach FL

City & State

Palm Beach FL

4. FEI Number

93-1209231

Applied For

Not Applicable

Zip 33480

Country USA

Zip 33480

Country USA

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$30,379.00

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 # F96000002843
NAME PREFERRED BUILDING, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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 for PREFERRED BUILDING, INC. L.P.

David J. Shreve S/T 2/28/01 (561)835-1810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)