

# 2001 UNIFORM BUSINESS REPORT (UBR)

0017296 AF

**DOCUMENT # B96000000206**

1. Entity Name

**PREFERRED HAWAIIAN, L.P., LIMITED PARTNERSHIP**

**FILED**

01 JUL 13 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 6900 E. 2ND STREET SCOTTSDALE AZ 85251	Mailing Address 6900 E. 2ND STREET SCOTTSDALE AZ 85251
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 209 Phipps Plaza Suite, Apt. #, etc.	3. Mailing Address 209 Phipps Plaza Suite, Apt. #, etc.
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City & State Palm Beach FL	City & State Palm Beach FL	4. FEI Number 93-1209236	Applied For Not Applicable
Zip 33480	Country USA	Zip 33480	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$2,902,878.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	F96000002848 PREFERRED HAWAIIAN, INC. 6900 E. 2ND STREET SCOTTSDALE AZ 85251	STREET ADDRESS CITY-ST-ZIP	209 Phipps Plaza Palm Beach, FL 33480
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200004484852--9 -07/18/01--01051--016 ***526.25 ***526.25
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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 **David J. Shreve S/H 2/20/01 (561) 835-1810**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)