B96000000206

2002 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000206

1. Entity Name
Preferred Hawaiian, L.P., Limited Partnership

FILED
03 DEC 15 AM 7:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1 N. Clematis Street	1 N. Clematis Street
Suite, Apt. #, etc. Suite 305	Suite, Apt. #, etc. Suite 305
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401 Country USA	Zip 33401 Country USA

DUE BY MAY 1

4. FEI Number 93-1209236 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name David J. Wiener, P.A.
Street Address (P.O. Box Number Not Acceptable) One North Clematis Street Suite 305
City West Palm Beach FL Zip Code 33401

6. 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 _____ DATE 12/8/03
Signature, type or print name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $2,902,878

10. Amount of Capital Contributions in FLORIDA to date. ZERO

11. MAKE CHECK PAYABLE TO FL. 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 #	F96000002846
NAME	Preferred Hawaiian, Inc.
STREET ADDRESS	1 N. Clematis street, Suite 305
CITY-ST-ZIP	West Palm Beach, FL 33401

DOCUMENT #	
NAME	
STREET ADDRESS	400023614144
CITY-ST-ZIP	10/07/03--01049--001 **641.25

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT #	
NAME	
STREET ADDRESS	400023666944
CITY-ST-ZIP	10/09/03--01050--010 **641.25

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

RENEWSTATEMENT 2002-2003

DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003B (12/02)

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. Wiener, Vice President 10-2-2003 (561)835-1810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Preferred Hawaiian, Inc.