

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000109
 1. Entity Name
 PRESIDENTIAL PROPERTIES GROUP, LTD

FILED

uf

Principal Place of Business

Mailing Address

01 APR -2 AM 11:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business

6601 WEST BROAD ST.

3. Mailing Address

6601 WEST BROAD ST.

Suite, Apt. #, etc.

P.O. Box 27003

Suite, Apt. #, etc.

P.O. Box 27003

City & State

RICHMOND VA.

City & State

RICHMOND VA.

Zip

23261

Country

Zip

23261

Country

4. FEI Number

54-1827776

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

ATTN: LAURA DUNLAP
 1201 HAYS STREET
 TALLAHASSEE FL, 32301

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.

4,900.00

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 # 857373
 NAME REYNOLDS METALS DEVELOPMENT CO.
 STREET ADDRESS 6601 WEST BROAD ST.
 CITY-ST-ZIP RICHMOND VA, 23261

DOCUMENT # F94000004682
 NAME PROPERTY ADVISORY GROUP, INC
 STREET ADDRESS 4 CATHEDRAL SQUARE
 CITY-ST-ZIP PROVIDENCE RI 02903

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CHRIS GRACE - PRESIDENT

3-26-01

602-7121616

CR2E003 (11/00)