2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000619

1. Entity Name

PRESTON'S RESERVE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
2201 CORPORATE BLVD., N.W., SUITE 200	2201 CORPORATE BLVD., N.W., SUITE 200
BOCA RATON FL 33431	BOCA RATON FL 33431

2. Principal Place of Business		**3.** Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			**DUE BY MAY 1, 2002**
City & State		City & State		**4.** FEI Number 65-0858006	Applied For / Not Applicable
Zip	Country	Zip	Country	**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
ALTMAN DEVELOPMENT CORPORATION 2201 CORPORATE BLVD., SUITE 200 BOCA RATON FL 33431	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.   DATE

9. Capital Contributions as Shown on record. **$6,039,264.00**	**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	**13.** ADDRESS CHANGES ONLY
DOCUMENT # 856211 NAME ALTMAN DEVELOPMENT CORPORATION STREET ADDRESS 2201 CORPORATE BLVD., SUITE 200 CITY-ST-ZIP BOCA RATON FL 33431	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 800005316338--4 04/29/02 01014--009 CITY-ST-ZIP ****526.25 ****526.25
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	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.

ALTMAN DEVELOPMENT CORPORATION, GENERAL PARTNER

SIGNATURE: BY; _____   4/11/02   (561) 997-8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #