


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 MAY -5 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000619	
1. Entity Name PRESTON'S RESERVE LIMITED PARTNERSHIP	

Principal Place of Business 2201 CORPORATE BLVD., N.W., SUITE 200 BOCA RATON, FL 33431	Mailing Address 2201 CORPORATE BLVD., N.W., SUITE 200 BOCA RATON, FL 33431
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2. Principal Place of Business 1515 S. FEDERAL Hwy	3. Mailing Address 1515 S. FEDERAL Hwy
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432	Country USA



03312004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0858006	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALTMAN DEVELOPMENT CORPORATION 2201 CORPORATE BLVD., SUITE 200 BOCA RATON, FL 33431	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record: \$6,039,264.00	10. Amount of Capital Contributions in FLORIDA to date:
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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 # 856211	NAME ALTMAN DEVELOPMENT CORPORATION	STREET ADDRESS 1515 S. FEDERAL Hwy, Ste 300	
STREET ADDRESS 2201 CORPORATE BLVD., SUITE 200		CITY-ST-ZIP BOCA RATON FL 33432	
CITY-ST-ZIP BOCA RATON, FL 33431			
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06/01/04-01008-012 ***526.25

[Handwritten Signature]

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: <i>[Handwritten Signature]</i>	4/23/04	561 997 8661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE