

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # B98000000619

1. Entity Name
PRESTON'S RESERVE LIMITED PARTNERSHIP



Principal Place of Business
**1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432**

Mailing Address
**1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE

02142006 No Chg-LP

CR2E003 (11/05)

4. FLI Number
65-0858006

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 # **856211**
NAME **ALTMAN DEVELOPMENT CORPORATION**
STREET ADDRESS **1515 S. FEDERAL HIGHWAY, SUITE 300**
CITY-ST-ZIP **BOCA RATON, FL 33432**

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**U00000500873
04/25/06-80039-006 500.00**

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **By: Norman Deschamps, Corp. Att'y, 6P**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-7-06

561 997-8661

Date

Daytime Phone #

STAPLE CHECK HERE