

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

PHC

DOCUMENT # A01000001521

1. Entity Name

REGINA REGENCY, LTD.



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR 24 AM 11:15

Principal Place of Business

4721 UNIVERSITY DRIVE
 CORAL GABLES FL 33146

Mailing Address

C/O R & S MGMT
 5821 REDDMAN RD.
 CHARLOTTE NC 28212

2. Principal Place of Business

3. Mailing Address

1981 J.N. PEASE PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlotte, NC

Zip

Country

Zip

Country

28262-4529

USA

1st MOORE

CR2E003 (10/05)

4. FEI Number

65-1152837

Applied For

Not Applicable

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

SORKIN, LAWRENCE
 4721 UNIVERSITY DRIVE
 CORAL GABLES FL 33146

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. 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. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #
 NAME REGINA REGENCY INVESTMENT GROUP, LLC
 STREET ADDRESS 4721 UNIVERSITY DRIVE
 CITY-ST-ZIP CORAL GABLES FL 33146

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

000074089900
 05/08/06--01009--010 **500.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

LAWRENCE SORKIN 4-6-06 704-548-0226

Date

Daytime Phone #

STAPLE CHECK HERE