


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

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000001085
1. Entity Name
REGENCY PRODUCTIONS, LTD.



Principal Place of Business: **2700 WEST ATLANTIC BLVD., STE. 101
POMPANO BEACH FL 33069**
Mailing Address: **2700 WEST ATLANTIC BLVD., STE. 101
POMPANO BEACH FL 33069**



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt #, etc.

City & State
City & State

Zip Country Zip Country

1st MOORE CR2E003 (10/05)
4. FEI Number **02-0636988** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
1840 SOUTHWEST 22 STREET, 4TH FL
MIAMI FL 33145**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable

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	
DOCUMENT #	P02000077550
NAME	CBM MEDIA CORPORATON
STREET ADDRESS	2700 WEST ATLANTIC BLVD., STE. 101
CITY- ST- ZIP	POMPANO BEACH FL 33069
DOCUMENT #	
NAME	
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13. ADDRESS CHANGES ONLY	
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CITY- ST- ZIP	

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04/27/06-80001-002 500.00

STAPLE CHECK HERE

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: **WILLIAM MILES** *William Miles* **APRIL 13, 2006** **954-975-6108**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #