

2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY SEPTEMBER 6, 2006

DOCUMENT # A03000000388



1. Entity Name

REGAL FOOD SERVICE EQUIPMENT FURNITURE & SUPPLIES, LTD

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG 18 AM 9:47

Principal Place of Business

1731 OLD OKEECHOBEE RD.
 WEST PALM BEACH FL 33409
 US

Mailing Address

1731 OLD OKEECHOBEE RD.
 WEST PALM BEACH FL 33409
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E003 (4/06)

City & State

City & State

4. FEI Number

82-0581560

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

~~CULBERTSON, JERRY~~
 1731 OLD OKEECHOBEE ROAD
 WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

JOHANNES VERGOUWEN

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

8-14-06

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited partnership certifies it did not receive prior notice. Fee to file is \$500.00.

File Now!!! Fee is \$900.00 Due By September 6, 2006

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 # P03000006275
 NAME REGAL FOOD SERVICE, INC.
 STREET ADDRESS 1731 OLD OKEECHOBEE RD.
 CITY-ST-ZIP WEST PALM BEACH FL 33409

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

000079218100
 08/29/06--01029--010 **900.00

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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

JOHANNES VERGOUWEN

8/3/06

561-684-3598

Date

Daytime Phone #

STAPLE CHECK HERE