


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
04 JUL 23 AM 11:08
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

MJH

DOCUMENT # A03000001018		
1. Entity Name TRG REGINA SQUARE, LTD.		

Principal Place of Business 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145	Mailing Address 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07012004 Chg-LP CR2E003 (10/03) 7/23

4. FEI Number 02-0699956	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HERNANDEZ, ANGEL A 2828 CORAL WAY, PENTHOUSE SUITE 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
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	DATE _____
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9. Capital Contributions as Shown on record. \$990.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P03000079740 TRG REGINA SQUARE, INC. 2828 CORAL WAY, PENTHOUSE SUITE MIAMI, FL 33145	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	200039950712 08/06/04 01047 015 **550.00
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STAPLE CHECK HERE

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	ANGEL HERNANDEZ VICE-PRESIDENT	Date _____	Daytime Phone # _____
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