## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

STAPLE CHECK HERE

## DOCUMENT # A0300001068 FILED REGIONAL INVESTMENT FUND, LTD. 2004 AUG 20 P 1: 15 Principal Place of Business Mailing Address C/O ROBERT R. DEISON C/O ROBERT R. DEISON 4 SECRETARY OF STATE 3500 FINANCIAL PLAZA, SUITE 201 3500 FINANCIAL PLAZA, SUITE 201 TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 2. Principal Place of Business 3. Mailing Address 3500 Financial Plaza 3500 Financial Plaza Suite, Apt. #, etc. Suite, Apt. #, etc. 07222004 Chg-LP CR2E003 (10/03) City & State City & State Applied For 4. FEI Number Tallahassee, Tallahassee, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32312 USA Fee Required 32312 -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEISON, ROBERT R Robert R. Deison Street Address (P.O. Box Number is Not Acceptable) 3500 FINNANCIAL PLAZA, SUITE 201 TALLAHASSEE, FL 32312 3500 Financial Plaza, Suite 202 City <u>Tallahassee</u> 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. 8/16/04 Signature, typed or printed name of registered agent and title if applicable. In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the 9. Capital Contributions 10. Amount of Capital Contributions \$100.00 in FLORIDA to date as Shown on record. \$100.00 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS 3500 Financial Plaza, Suite 202 DEISON, ROBERT R NAME STREET ADDRESS 3500 FINANCIAL PLAZA, SUITE 201 CITY-ST-ZIP Tallahassee, FL 32312 CITY-ST-ZIF TALAHASSEE, FL 32312 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS <u>Q</u>0004<u>0</u>65<u>0</u>250 NAME <del>'31/04--01004--0</del>02 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOC. MENT # STREET ADDRESS NAME. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 8/16/04 850/386-7789 SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER