


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

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

DOCUMENT # A03000001068 1. Entity Name REGIONAL INVESTMENT FUND, LTD.	
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Principal Place of Business C/O ROBERT R. DEISON 3500 FINANCIAL PLAZA, SUITE 202 TALLAHASSEE FL 32312	Mailing Address C/O ROBERT R. DEISON 3500 FINANCIAL PLAZA, SUITE 202 TALLAHASSEE FL 32312
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/05)

4. FEI Number **20-2751113** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEISON, ROBERT R
3500 FINANCIAL PLAZA, SUITE 202
TALLAHASSEE FL 32312

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DEISON, ROBERT R	STREET ADDRESS	UN0000485318
NAME	3500 FINANCIAL PLAZA SUITE 202	CITY-ST-ZIP	03/22/06-80030-D18 500.00
STREET ADDRESS	TALLAHASSEE FL 32312		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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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:  3-10-06 850-386-7789

STAPLE CHECK HERE