

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A04000001516 1. Entity Name REGIONAL CAPITAL FUND, LLLP	
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FILED

2007 MAR -5 AM 9:25



Principal Place of Business 3500 FINANCIAL PLAZA, STE. 202 C/O ROBERT R. DEISON TALLAHASSEE FL 32312		Mailing Address 3500 FINANCIAL PLAZA, STE. 202 C/O ROBERT R. DEISON TALLAHASSEE FL 32312	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

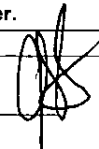
6. Name and Address of Current Registered Agent DEISON, ROBERT R 3500 FINANCIAL PLAZA, STE. 202 TALLAHASSEE FL 32312	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

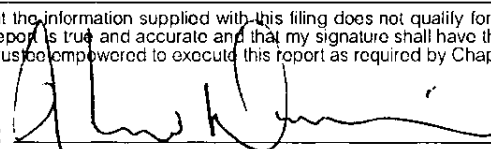
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	NAME	STREET ADDRESS	
STREET ADDRESS	DEISON, ROBERT R	CITY ST ZIP	
CITY ST ZIP	3500 FINANCIAL PLAZA, STE. 202 TALLAHASSEE FL 32312		
DOCUMENT #	NAME	STREET ADDRESS	400092353224 03/13/07--01023--021 **500.00
STREET ADDRESS	DEISON, THOMAS H	CITY ST ZIP	
CITY ST ZIP	3500 FINANCIAL PLAZA, STE. 202 TALLAHASSEE FL 32312		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY ST ZIP	
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CITY ST ZIP			
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STREET ADDRESS		CITY ST ZIP	
CITY ST ZIP			

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:  **1-26-07 850-386-7789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #