

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008**

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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

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
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number AP-PLIED FOR	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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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.

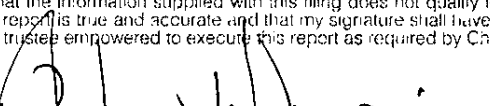
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date of application.

FILE NOW!!!! Fee is \$500. * After May 1, 2008, 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	
NAME	3500 FINANCIAL PLAZA, STE. 202	CITY-ST-ZIP	
STREET ADDRESS	TALLAHASSEE FL 32312		
CITY-ST-ZIP			
DOCUMENT #	DEISON, THOMAS H	STREET ADDRESS	01/31/08-80001-022 500.00
NAME	3500 FINANCIAL PLAZA, STE. 202	CITY-ST-ZIP	
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:  **1-24-08 850-386-7789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE