

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001516

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** REGIONAL CAPITAL FUND, LLLP

**Current Principal Place of Business:**

1550 VILLAGE SQUARE BLVD., SUITE 3  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

**Current Mailing Address:**

1550 VILLAGE SQUARE BLVD., SUITE 3  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**FEI Number:** 20-1740279

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEISON, ROBERT R  
1550 VILLAGE SQUARE BLVD., SUITE 3  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: DEISON, ROBERT R  
Address: 1550 VILLAGE SQUARE BLVD., SUITE 3  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

Name: DEISON, THOMAS H  
Address: 1550 VILLAGE SQUARE BLVD., SUITE 3  
City-St-Zip: TALLAHASSEE, FL 32309

Address:  
City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT DEISON

GP

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date