

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**


FILED

2007 MAR 19 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001740

1. Entity Name
REGIONS FINANCIAL TOWER, LLLP



Principal Place of Business: 1555 PALM BEACH LAKES BOULEVARD, SUITE 1100, WEST PALM BEACH, FL 33401 US

Mailing Address: C/O FLORIDA MANAGEMENT COMPANY, P.O. BOX 3267, WEST PALM BEACH, FL 33402


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



01092007 Chg-LP CR2E003 (12/06)

4. FEI Number
~~APPLIED FOR~~ 59-3788226 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

1555 OPERATING COMPANY
1555 PALM BEACH LAKES BOULEVARD
SUITE 1100
WEST PALM BEACH, FL 33401

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 \$500.00
After May 1, 2007, Fee will be \$900.00**

**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.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P04000150393
NAME	1555 OPERATING COMPANY
STREET ADDRESS	1555 PALM BEACH LAKES BOULEVARD, #1100
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600095231056 03/29/07--01038--006 **508.75
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Ron Cooper **RON COOPER** 3/9/07
EXECUTIVE VICE PRESIDENT Date Daytime Phone #

STAPLE CHECK HERE