


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

900.00

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 AUG 14 AM 9:52

DOCUMENT # A05000001566 1. Entity Name REGENCY SQUARE OFFICES, LTD.	
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Principal Place of Business 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143	Mailing Address 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



05022006 Chg-LP CR2E003 (11/05)

6. Name and Address of Current Registered Agent HIGIER, GERALD M 1541 SUNSET DRIVE #300 CORAL GABLES, FL 33143	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \$900.00
On or after September 6, 2006, Fee will be \$1000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L05000077224	STREET ADDRESS	
NAME	REGENCY SQUARE OFFICES, LLC	CITY - ST - ZIP	
STREET ADDRESS	1541 SUNSET DRIVE #300		
CITY - ST - ZIP	CORAL GABLES, FL 33143		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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CITY - ST - ZIP			

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 08/18/06--01006--001 **1000.00

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 Gerald M. Higier DATE 8/11/06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone # (305) 666-2140