

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

566

|  |   |
|--|---|
| DOCUMENT # A05000001566                        |  |
| 1. Entity Name<br>REGENCY SQUARE OFFICES, LTD. |   |

FILED

08 MAY -6 AM 7:05

CLERK OF STATE  
TALLAHASSEE, FLORIDA



03172008 Chg-LP CR2E003 (12/06)

|   |         |   |         |
|---|---------|---|---------|
| Principal Place of Business<br>1541 SUNSET DRIVE #300<br>CORAL GABLES, FL 33143 |         | Mailing Address<br>1541 SUNSET DRIVE #300<br>CORAL GABLES, FL 33143 |         |
| 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 |

|                              |                               |
|------------------------------|-------------------------------|
| 4. FEI Number<br>APPLIED FOR | Applied For<br>Not Applicable |
|------------------------------|-------------------------------|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent<br><br>HIGIER, GERALD M<br>1541 SUNSET DRIVE #300<br>CORAL GABLES, FL 33143 |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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, 2008, 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 |                             | 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           | 900129445359                  |
| NAME                            |                             | CITY - ST - ZIP          | 05/14/08--01015--003 **700.00 |
| STREET ADDRESS                  |                             |                          |                               |
| CITY - ST - ZIP                 |                             |                          |                               |
| DOCUMENT #                      |                             | STREET ADDRESS           |                               |
| NAME                            |                             | CITY - ST - ZIP          |                               |
| STREET ADDRESS                  |                             |                          |                               |
| CITY - ST - ZIP                 |                             |                          |                               |
| DOCUMENT #                      |                             | STREET ADDRESS           |                               |
| NAME                            |                             | CITY - ST - ZIP          |                               |
| STREET ADDRESS                  |                             |                          |                               |
| CITY - ST - ZIP                 |                             |                          |                               |
| DOCUMENT #                      |                             | STREET ADDRESS           |                               |
| NAME                            |                             | CITY - ST - ZIP          |                               |
| STREET ADDRESS                  |                             |                          |                               |
| 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: Gerald M. Higier 4/25/08 305-666-2140  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #