


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:42

DOCUMENT # A05000002120 1. Entity Name REGAL STEPHENS PROPERTIES, LTD.	
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Principal Place of Business 156 COVE DRIVE MIRAMAR BEACH, FL 32550	Mailing Address 156 COVE DRIVE MIRAMAR BEACH, FL 32550
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2. Principal Place of Business - No P.O. Box # 4947 E. CO. HWY. 30-A	3. Mailing Address 4947 E. CO. HWY. 30-A
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State SANTA ROSA BEACH, FL	City & State SANTA ROSA BEACH, FL
Zip 32459	Zip 32459
Country	Country



03012008 Chg-LP CR2E003 (12/06)

4. FEI Number 20-3840279	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BURKE, TODD
 BURKE, BLUE, HUTCHINSON & WALTERS, P.A.
 215 GRAND BOULEVARD, SUITE 101
 DESTIN, FL 32550

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, 2008, Fee will be \$900.00

400130293074
 05/28/08--01002--003 **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 #	L05000111668	STREET ADDRESS	4947 E. CO. HWY. 30-A
NAME	REGAL STEPHENS DEVELOPMENT, LLC	CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
STREET ADDRESS	156 COVE DRIVE		
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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:  **4-29-08** **850-231-5455**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #