

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

08 JUN -2 PM 12:42

DOCUMENT # A05000002121 1. Entity Name REGAL STEPHENS CONSTRUCTION, LTD.					
Principal Place of Business 156 COVE DRIVE MIRAMAR BEACH, FL 32550			Mailing Address 156 COVE DRIVE MIRAMAR BEACH, FL 32550		
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		4. FEI Number 20-3840307	
Zip 32459		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, TODD BURKE, BLUE, HUTCHISON & 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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 #	L05000111371		STREET ADDRESS	4947 E. CO. HWY. 30-A	
NAME	RRS HOLDINGS OF FLORIDA, LLC		CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459	
STREET ADDRESS	156 COVE DRIVE				
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550				
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.29.08
Date

850-231-5455
Daytime Phone #