


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

|   |   |
|---|---|
| <b>DOCUMENT # A05619</b><br>1. Entity Name<br><b>REGENCY ARMS, LTD.</b> |  |
|---|---|

**FILED**

**06 MAY -1 PM 1:48**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|  |  |
|--|--|
| Principal Place of Business<br><b>199 MILLER ROAD</b><br><b>MILTON, M FL., 32570</b> | Mailing Address<br><b>199 MILLER ROAD</b><br><b>MILTON, M FL., 32570</b> |
|--|--|



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

04192006 Chg-LP CR2E003 (11/05)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>59-1881901</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent   |  |
| <b>ETHERIDGE, RAY O</b><br><b>3298 SUMMIT BLVD, SUITE 4</b><br><b>PENSACOLA, FL 32503</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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, 2006, 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 #                      | 526965                 | STREET ADDRESS           |  |
| NAME                            | CHATEAU ROYALE, INC.   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  | 3298 SUMMIT BLVD STE 4 |                          |  |
| CITY-ST-ZIP                     | PENSACOLA, FL          |                          |  |
| 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                     |                        |                          |  |
| DOCUMENT #                      |                        | STREET ADDRESS           |  |
| NAME                            |                        | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |                        |                          |  |
| CITY-ST-ZIP                     |                        |                          |  |

**100074539871**  
 05/15/06 01005-013 \*\*\$08.75

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:**  **4/17/06** **20434-3585**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE