2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 22 PM 3: 13

DOCUMENT # A05619

1. Entity Name
REGENCY ARMS, LTD.

Principal Place of Business	Mailing Address
199 MILLER ROAD MILTON, FL 32570 US	199 MILLER ROAD MILTON, FL 32570 US

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

02042008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-1881901 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ETHERIDGE, RAY O
~~3298 SUMMIT BLVD, SUITE 4~~
~~PENSACOLA, FL 32503~~

7. Name and Address of New Registered Agent

Name: Ray O. Etheridge
Street Address (P.O. Box Number is Not Acceptable): 908 Gardengate Cir.
City: Pensacola FL Zip Code: 32504

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: [signature] DATE: 4/3/08
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 #	526965	STREET ADDRESS	
NAME	CHATEAU ROYALE, INC.		
STREET ADDRESS	3298 SUMMIT BLVD STE 4	CITY-ST-ZIP	
CITY-ST-ZIP	PENSACOLA, FL 32503		
DOCUMENT #		STREET ADDRESS	500125273265 04/23/08--01019--018 **508.75
NAME			
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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: [signature] Ray O Etheridge 4/2/08 850-484-2611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #