FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

· 在人工是有好的是一般的是一个多年的一个人,我们就是一个人的人们的,我们也会会会一个人,也是一个人们,我们也是一个人们的,我们也是一个人们的,我们们也是一个人们的,我们

DIVISION OF CORPORATIONS

97 DEC 15 PM 12: 15

Section Procedure Proced	Name of Limited Partnership	A07087			1.2.15	
Making Address Pricipal Office					-	
Maring Address Principal Office Address 120 Affects (RAD)	REGIONAL ENTERPRISES,	LTD.			90.01 1914 1831 31911 41411 61611 91311 61911 61911 61911	
P.O. 60X 808 120 ARPORT ROAD DESTIN R. 32541 2. Mailting Address 3. Suite, Apil R. etc. 5. F. Hurrbor 6. F. Hurrbor 6. F. Hurrbor 7. Curillists of South Downsor. 8. Mailting Address 2. Mailting Address 3. Suite, Apil R. etc. 6. F. Hurrbor 8. Mailting Address 3. Suite, Apil R. etc. 6. F. Hurrbor 7. Curillists of South Downsor. 8. Mailting Control Downsor. 8. Mailting Control Downsor. 8. Mailting Control Downsor. 8. Mailting Control Downsor. 9. Name and Address of Current Registered Agent 10. If carged new Registered Agent Office. MORRIS, PAULINE 1230 ARPORT RD. DESTIN FL 32541 5. Suite Apil R. etc. 10. If carged new Registered Agent Office. 10. If carged new Registered Agent agent agent of the Control office. 10. If carged new Registered agent agent agent of the Control office. 10. If carged new Registered agent				QP12	117	
DESTIN FL 325400668 DESTIN FL 32541 2. Mailing Address 3. Fincipal Office Address 5. Fincipal Office Address 5. Fincipal Office Address 5. Fincipal Office Address 5. Fincipal Office Address 6. Fincipal Office Address 6. Fincipal Office Address 6. Fincipal Office Address 6. Fincipal Office Address 7. Conflict of Status Desired 2. Mailing Address 7. Conflict of Status Desired 2. Mailing Address of Currant Registered Agent 7. Conflict of Status Desired 9. Name and Address of Currant Registered Agent 10. Included Note Programed Agent Office Note Note Note 10. Pursuant to the processor of Status Desired 9. Name and Address of Currant Registered Agent 10. Included Note Programed Agent Office Note Note 10. Pursuant to the processor of Status Desired 9. Name and Address of Currant Registered Agent 10. Included Note Programed Agent Office Note 10. Pursuant to the processor of Status Office Address of Currant Registered Agent 10. Included Note Programed Agent Office Note 10. Pursuant to the processor of Status Office Address of Currant Registered Agent 10. Included Note Programed Agent Office Note 10. Pursuant to the processor of Status Office Address of Currant Registered Agent 10. Included Note Programed Agent Office Note 10. Pursuant to the processor of Status Office Address of Currant Registered Agent 10. Included Note Programed Agent Office Note 10. Pursuant to the processor of Status Office Address of Currant Registered Agent 10. Included Note Programmed Agent Office Note 10. Pursuant to the processor of Status Office Agent Office Note 10. Pursuant to the processor of Status Office Agent Office Note 10. Pursuant to the processor of Status Office Agent Office Note 10. Pursuant Office 10. Pursuant Offi	Mailing Address	Principal Office Address		3. Date Formed or Registere	od 58. Capital Contributions as Shown on record.	
122/11996 Substitution of Control Subs	P.O. BOX 908		1230 AIRPORT ROAD		\$46.305.00	
2. Mailing Address 3. Supplied For Supplied Fo	DESTIN FL 32540-0908	DESTIN FL 32541	DESTIN FL 32541		Ψ40/989·00	
2. Melling Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country To To To To To To To To To T						
Suries, Apt. #, etc. City & State City & State Country Zip Zip Zip Zip Zip Zip Zip Zi	2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		ion to date;	
City & State City & State Country Co	Sulte, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			
T. Certificate of States Desired States Desired State (See reverse side for the Information)	City & State	City & State	City & State			
8. Make check populate to Dept. of State (See revenue side for fee Information) 9. Name and Address of Current Registered Agent 10. If charged, now Registered Agent/Office Name Street Address (P) Bloc Number In Not Acceptable) Street Address (P) Bloc Number In Not Acceptable (P) FL 7/p Code 10a. Pursuant to the provisions of sections 620 10c1 and 620 192. Florida Studies, the above named intried partnership organized or registered under the laws of the State of Findes submits this statement for the purpose of changing its registered Office or registered agent, or both, in the State of Findes Such change was sufficiently by the general partner(s) Intertsty accept the appointment of registered sport in an amount of the state of Findes Such Change was sufficiently by the general partner(s) Intertsty accept the appointment of registered sport in the State of Findes Such Change was sufficiently by the general partner(s) Intertsty accept the appointment of registered sport in the State of Findes Such Change was sufficiently by the general partner of State of Findes Such Change was sufficiently by the general partner of State of Findes Such Change and				D.: O Additional		
MORRIS, PAULINE 1230 AIRPORT RD. DESTIN FL 32541 Surie, Apt. #, etc City FL Zip Codo The purpose of changing its registered of these or registered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of orgistered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of registered agent. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ACKINETY ACKNOWLE FL 32.22.4 11. Name(s) of General Partner(s) 11a. (Do NOT Use Peal Office Box Numbers) 11b. Oby, State & Zip Code 11c. Registratory 11c. Registratory 11d. (Do NOT Use Peal Office Box Numbers) JACKSONVILE FL 32.22.4 11 USULUS 3 FC SG 1 4 12 JACKSONVILE FL 32.22.4 13 JACKSONVILE FL 32.22.4 14 be the information supplied with this filing is evaluating familiated and does not qualify for the exemption stated in Section 119 07(3)(8), Florida Statutes. I release the Division of Corporation from any liability of non-complance with Section 119 07(3)(8), in the event that the information supplied is occurred and than in patients and than in patie	Zip Country	Zip	Country	8. Make check payable to: De		
MORRIS, PAULINE 1230 AIRPORT RD. DESTIN FL 32541 Surie, Apt. #, etc City FL Zip Codo The purpose of changing its registered of these or registered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of orgistered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general pertners). I hereby accept the appointment of registered agent. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ACKINETY ACKNOWLE FL 32.22.4 11. Name(s) of General Partner(s) 11a. (Do NOT Use Peal Office Box Numbers) 11b. Oby, State & Zip Code 11c. Registratory 11c. Registratory 11d. (Do NOT Use Peal Office Box Numbers) JACKSONVILE FL 32.22.4 11 USULUS 3 FC SG 1 4 12 JACKSONVILE FL 32.22.4 13 JACKSONVILE FL 32.22.4 14 be the information supplied with this filing is evaluating familiated and does not qualify for the exemption stated in Section 119 07(3)(8), Florida Statutes. I release the Division of Corporation from any liability of non-complance with Section 119 07(3)(8), in the event that the information supplied is occurred and than in patients and than in patie	9. Name and Address of	Current Realstered Agent		10. If changed, new Rec	pistered Agent/Office	
1230 AIRPORT RD. DESTIN FL 32541 Sule, Apt. #, etc. City FL To Codo City FL To Co	MORRIS, PAULINE 1230 AIRPORT RD.		Name			
DESTIN FL 32541 Suite, Apt. 4, etc.						
10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statulos, the above named limited partnership organized or registered under the laws of the State of Florida, submitis this statement for the purpose of changing the registered office or registered agont, or both, in the State of Florida, Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 670 192. Florida Statules. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(s) 11a. Accessed Each General Partner 11b. Only, State 8 7cp Code 11c. Registerson/Document Number CARTER, JOSEPH J JR. 6524 RAMOTH DRIVE JACKSONVILLE FL 3 2 2 2 4 11D J J J STATE ST			Suite, Apt. #, etc			
10g. Pursuant to the provisions of sections 620 105 1 and 620 192, Florida Statutos, the above-named limited partnership organized or registered undor the laws of the State of Florida. Such changes was sufficinged by its general partners): Thereby accept the appointment of registered agent, or both, in the State of Florida. Such changes was sufficinged by its general partners): Thereby accept the appointment of registered agent, and accept the deplayence of section 620 192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment): A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(s) 11a. Address of Each General Partner (SONT) Use Pass Office Box Numbers) 6524 RAMOTH DRIVE 11b. City, State 8 7tp Code 11c. Registration/ DOLLIG 2 3 555 1 - 4 -12/18/3? -01102 - 003 *******428.52 12 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the examption stated in Section 119.07(3)(s), Florida Statutes. I refease the Divisor of this annual report is true and accurate and the intermitten the information supplied with this filing is voluntarily furnished and does not quality for the examption stated in Section 119.07(3)(s), Florida Statutes. I refease the Divisor of corporations from any Itability of non-compliance with Section 119.07(3)(s) in the event that the information supplied is domined exampt from public access. I further certify that the information indicated on enquality for the examption stated in Section 119.07(3)(s), Florida Statutes. I refease the Divisor of this annual report is true and eccurate and that refer this agree the agree in the agree of the pass of the section of the inmide accurate and the intermity is an exampted in section 119.07(3)(s), Florida Statutes. I refease the Divisor of this annual report is true and eccurate and the Intermity of the examption mode accurate and the Intermity is a section 119			City Zip Code			
11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Hegistration/ Document Number 6524 RAMOTH DRIVE JACKSONVILLE FL 3 2 2 2 4 -12/18/97-01102-003 *****428 52 *****428 52 *****428 52 *****428 52 ******428 12. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from eny liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from eny liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is decimed exempt from public access. I further certify that it is annual report is true and accurate and that my signature shall have the same legal effects as it made under each. I further certify that I am a General Partner of the limited partnership, receiver of trustee empowered to execute this report as required by chapter 520 Torigla Stapensy SIGNATURE DATE 12. Ido hereby certify that I am a General Partner of the limited partnership, receiver of trustee empowered to execute this report as required by chapter 520 Torigla Stapensy	SIGNATURE (Registered Agent Accepting Appointm A GENERAL PARTNER TI	nent). HAT IS A CORPORATION	, LIMITED	PARTNERSHIP OR OT		
CARTER, JOSEPH J JR. 6524 RAMOTH DRIVE JACKSONVILLE FL 32.72.4 1 DDUD23 76.96.1 — 4 -12/18/97—01102—00/9 *****428.52 ******428.52 ******428.52 ******428.52 ******428.52 ******428.52 *******428.52 *******428.52 *******428.52 *******428.52 *******428.52 *******428.52 *******428.52 *******428.52 ********428.52 ********428.52 ********428.52 ********428.52 *********428.52 *********428.52 ***********************************		1			Hegistration/	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from eny liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as it made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620 Torigh Statutes. DATE DATE DATE				JACKSONVILLE FL 32224		
	12. I do hereby certify that the information supplie Corporations from any liability of non-complian this annual report is true and accurate and tha	ed with this filing is voluntarily furnished and does noo with Section 119.07(3)(k) in the event that the at my signature shall tigive the same legal effects	s not qualify for the a information supp	e exemption stated in Section 119.07(3)(k), F olilled is deemed exempt from public access oath. I further certify that I am a Goneral Par	Florida Statutes. I release the Division of . I further certify that the information indicated on runer of the limited partnership, receiver or trustee	
	Typed or Printed Name of General Partner Signing Fo	Joseph J. Carte	er, Jr.			