## 2006 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Mar 20, 2006 08:00 AM Due By May 1, 2006 DOCUMENT #A07087 **Secretary of State** REGIONAL ENTERPRISES, LLLP Mailing Address Principal Place of Business P.O. BOX 908 DESTIN, FL 32540-0908 1230 AIRPORT ROAD DESTIN, FL 32541 02012006 No Cho-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-1353299 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CARTER, JOSEPH J JR. 1049 SUNSET DRIVE LAKE WALES, FL 33853 IN THIS SPACE 3. 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, typed or printed name of registered agent and title it applicable -FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 U00000475771 /05/06-80030**-**004-500.00 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # NAME CARTER, JOSEPH J., JR. AS TRUSTEE STREET ADDRESS 1049 SUNSET DRIVE CITY-ST-ZIP LAKE WALES, FL 338534226 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CSFY-ST-ZSP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # MAME STREET ADDRESS

JOSEPH J Crater JR SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING GENERAL PARTNER

14. I hereby certify that the information supplied with this filling 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

City-ST-ZIP