## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DO NOT WRITE IN THIS SPACE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARENER

**DOCUMENT # A07087** 

1. Entity Name

REGIONAL ENTERPRISES, LLLP



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

1230 AIRPORT ROAD DESTIN, FL 32541 Mailing Address

P.O. BOX 908

DESTIN, FL 32540-0908



02062007 No Chg-LP

CR2E003 (12/06)

| 4. FEI Number                    | - |                                   | Applied For    |
|----------------------------------|---|-----------------------------------|----------------|
| 58-1353299                       |   |                                   | Not Applicable |
| 5. Certificate of Status Desired |   | \$8.75 Additional<br>Fee Required |                |

6. Name and Address of Current Registered Agent

CARTER, JOSEPH J JR. 1049 SUNSET DRIVE LAKE WALES, FL 33853

SIGNATURE:X

## DO NOT WRITE IN THIS SPACE

|   | named entity submits this statement for the purpose of changing its regions of registered agent.   | gistered office or registered agent, or both,   | in the State of Florida. I am familiar with, and accept   |
|---|--|---|---|
| SIGNATURE   | Signature, typed or printed name of registered agent and title if applicable.  |   | DATE  |
|   | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2007, Fee will be \$900.0  | 00  |   |
|   | A GENERAL PARTNER THAT IS A BUSINESS ENTI-<br>NOTE: General Partners MAY NOT be changed on the   | TY MUST BE REGISTERED AND AC form; an amendment must be filed   | TIVE WITH THIS OFFICE.<br>to change a general partner.  |
| 12.   | GENERAL PARTNER INFORMATION  |   |   |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CARTER, JOSEPH J., JR. AS TRUSTEE<br>1049 SUNSET DRIVE<br>LAKE WALES, FL 338534226   | n   |   |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   | JA 047 0   "QUUJO"   ZUU-1UU  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |  |   | OT WRITE  |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | IN IF   | IIS SPACE   |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP          |  |   |   |
| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |   | •   |
| 14. I hereby indicated or the rec                   | certify that the information supplied with this filing does not qualify for on this report is true and accurate and that my signature shall have the reiver or trustee empowered to execute this report as equired by Chap | the exemptions contained in Chapter 119,<br>a same legal effect as if made under oath; the<br>der 620. Florida Statutes | Florida Statutes I further certify that the information hat I am a General Partner of the limited partnership |