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

LIMITED PARTNERSHIP ANNUAL REPORT , 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A07173** 

FILET SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -9 AN 10: 55

	A07173				
REGG INVESTMENT, L	TD.			18706 (III) 61911 81811 81811 61811 81811 81811 81811 81811	
Mailing Address	Principal Office Address	Principal Office Address		<b>5a.</b> Capital Contributions as Shown on record	
SIG SOUTH 14TH STREET 1616 SOUTH 14TH STREET			01/05/1979	\$300.00	
P. O. BOX 49-1046 Leesburg Fl 34749-1046	P. O. BOX 49-1046 Leesburg Fl 34749-1046		3a. Date of Last Report		
			12/02/1996 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Malling Address	2a. Principal Office Address	28. Principal Office Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Sulte, Apt. #, etc.			
City & State	City & State	City & Slate		Applied For Not Applicable	
		Country	7. Cerlificate of Stalus Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. o	of State (See reverse side for fee information)	
Q Name and Addres	s of Current Registered Agent		10. If changed, new Register	ed Agent/Office	
BURNSED, JEAN G. 501 LAKE SHORE DR. LEESBURG FL 34749-1046		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City		FL Zip Code	
	620 1051 and 620.192, Florida Statutes, the above-n				
•	he obligations of section 620.192, Florida Statutes.	r rionoa. Such change wa		reby accept the appointment of registered	
agent. I am familiar with, and accept the	he obligations of section 620.192, Florida Statutes.	I, LIMITED PA	DATE RTNERSHIP OR OTHI	<u> </u>	
egent. I em familier with, and accept the SIGNATURE (Registered Agent Accepting Appo	ne obligations of section 620.192, Florida Statutes.  ointmont)  THAT IS A CORPORATION	I, LIMITED PA	DATE RTNERSHIP OR OTHI WITH THIS OFFICE.	<u> </u>	
egent. I em familier with, and accept the  SIGNATURE (Registered Agent Accepting Appor  A GENERAL PARTNER	ne obligations of section 620.192, Florida Statutes.  introduction of section 620.192, Florida Statutes.  THAT IS A CORPORATION MUST BE REGISTERED A	I, LIMITED PA AND ACTIVE V moral Partner se Box Numbers) 11	DATE RTNERSHIP OR OTHI WITH THIS OFFICE.	ER BUSINESS ENTITY	
egent. I am familiar with, and accept the  SIGNATURE (Registered Agent Accepting Appor  A GENERAL PARTNER  11. Name(s) of General Partner(s)	ointment)  THAT IS A CORPORATION MUST BE REGISTERED A  Address of Each Go (Do NOT Use Post Office	I, LIMITED PA AND ACTIVE V moral Partner se Box Numbers) 11	DATION OF THE COMMENT OF T	ER BUSINESS ENTITY	

12. Leto heroby 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 any flability 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 if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Fiorida Statutes.

SIGNATURE

Typed or Printed Name of Obnoral Partner Signing Form

Jean G. Burnsed Emack

... DATE

11/10/97

Daylime Telephone Number \_ 352-787-0608