

2001 UNIFORM BUSINESS REPORT (UBR)

0012025 AF

DOCUMENT # **A11928**

1. Entity Name

REGIONAL INVESTMENT FUND, LTD.

FILED *W 9/10*
01 APR 27 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 3233 THOMASVILLE ROAD TALLAHASSEE FL 32312 | Mailing Address P.O. BOX 13878 TALLAHASSEE FL 32317 |
|--|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-2228264 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**MOORE, EDGAR M.
215 SOUTH MONROE STREET
SECOND FLOOR
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|--|
| 9. Capital Contributions as Shown on record. \$72,334,716.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|--|

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

| | | | |
|------------|--------------------------|------------------------------|-----------------------|
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| | DEISON, ROBERT R. | 3233 THOMASVILLE ROAD | TALLAHASSEE FL |

13. ADDRESS CHANGES ONLY

| | |
|----------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 600004217446--0 |
| CITY-ST-ZIP | -05/15/01--01084--009 ****526.25 ****526.25 |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **Robert R. Deison** **4/20/01** **850/386-7789**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)