

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A11928

1. Entity Name
REGIONAL INVESTMENT FUND, LTD.



FILED

03 APR 17 AM 7:24

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
3233 THOMASVILLE ROAD
TALLAHASSEE FL 32312

Mailing Address
P.O. BOX 13878
TALLAHASSEE FL 32317

2. Principal Place of Business
3500 Financial Plaza

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 202

City & State

City & State

Tallahassee, FL

Zip

Country

Zip

Country

32312

USA

4. FEI Number 59-2228264

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

DATE

9. Capital Contributions
as Shown on record. \$72,334,716.00

10. Amount of Capital Contributions
in FLORIDA to date. \$72,334,716

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS
CITY-ST-ZIP
3500 Financial Plaza, Suite 202
Tallahassee, FL 32312

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CITY-ST-ZIP

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: Robert R. Deison

4/15/03

850/386-7789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)