

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 26 PM 2:19



1. Name of Limited Partnership

**1a. DOCUMENT #
A12917**

REGIONAL INVESTMENT PROPERTIES, LTD.

Mailing Address

**PO BOX 13878
TALLAHASSEE FL 32317**

Principal Office Address

**PO BOX 10878
TALLAHASSEE FL 32317**

3. Date Formed or Registered

07/28/1982

5a. Capital Contributions as Shown on record

\$281,000.00

3a. Date of Last Report

12/06/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

3233 Thomasville Rd.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip Country

32312

USA

6. FEI Number

59-2272164

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**MOORE, EDGAR M.
3002 COLLEGE AVE.
TALLAHASSEE FL 32304**

10. If changed, new Registered Agent/Office

Name

**200002395952--9
-01/09/98--01089--007**

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

**215 South Monroe Street
****103.75 ****103.75**

Suite, Apt. #, etc.

2nd Floor

City

Tallahassee

FL

Zip Code

32301

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE 12/23/97

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

DEISON AND ASSOCIATES

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

**2032-D THOMASVILLE RD
3233 Thomasville Rd.**

11b. City, State & Zip Code

TALLAHASSEE FL

11c. Registration/Document Number

681461

**200002395952--9
-01/09/98--01089--008
****437.50 ****437.50**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby 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 liability 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 oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE

Edgar M. Moore

DATE 12/23/97

Typed or Printed Name of General Partner Signing Form President, Deison and Associates, Telephone Number 850/386-7789

CR2E003 (6/97)