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APLICATION FOR FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FOF MITED PARTNERS  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham OF CRETATIONS				FILED 98 NOV -4 PM 4: 30			
DOCUMENT # A18206			_	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
1. Name of Limited Partnership  Regency East Office Park I	I. I.td.	-			INFFHIMOOF	L, I LUNIUM	
2431 Aloma Avenue Winter Park, FL 32792				DO NOT WRITE IN THIS SPACE.			
2. Mailing Address 3. Principal Office Address				4. Date Fo	ormed or Registered Business in Florida		<del>-</del>
2431 Aloma Avenue Suite, Apt. #, etc	2431 Aloma Avenue Suite, Apt #, etc.			5. FEI Nur		11/1/84	Applied For
City & State	City & State City & State			59-	-2470405		Not Applicable
Winter Park, FL	Winter Park,	FL ountry		6. CERTIFICA	ATE OF STATUS DESIR		litional Fee required
	GX 32792	บร	}	7. State or	Country of Formation	FL	
8a. Capital Contributions as Spc 4- ) led on Record:				) on amount en	tered in 8b, with a minim	um filing fee of \$52.5	o and a maximum of
\$215,500,00	<ol><li>Supplemental F</li></ol>		i <u>ch year due</u> th		ning with 1992 calendar y	year.	
8b. Amount of Capital Contributions in FLORIDA to date	Note: If the amount entered is	\$500 penalty fee for n 8b is greater than			<u>nquent.</u> Plemental affidavit <u>m</u> ust b	e submitted along wi	ith a separate and
\$236,700.00	appropriate filing fee.		<u> </u>	46			
9. Name and Address of Current Re	gistered Agent	Name	<del></del>	10. If of	nanged, new registered	agent/office	<del></del>
Helling, Dale D.		Street Add	iress (P.O. Bo)	Number Is No	at Acceptable)		
2431 Aloma Avenue Winter Park, FL 32792			Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc				
•			#, etc				
·		City				FL Zip C	ode 
10a. Pursuant to the provisions of sections 620,1051 and 621 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of sections.	stered agent, or both, in the State o	named limited partr f Florida. Such cha	tership organiz nge was autho	red or registere orized by its ge	ed under the laws of the neral partner(s). I hereb	State of Florida, sub- y accept the appoint	mits this statement ment of registered
SIGNATURE (Registered Agent Accepting Appointment)					DATE		
	BE REGISTERED A	ND ACTIV	PARTI VE WITH	IERSHII 1 THIS (	P OR OTHER OFFICE.		
11. Names of General Partner(s)	Address of Each Gener (Do NOT Use Post Office B			City, State an	id Zip Code	11a. Bocu	egistration ment Number
DDH Investment Corp.	2431 Aloma Avenue		Winter	Park.	FL 32792	G24216	
Wesley Scovanner & Assoc.	0/05 45		ľ		FL 32792	G63564	
•				1.0	000026 -11/04/ ***170	19801U6L	101 1552.50
-			VT 9	18-99	1		1350

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 filling 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 trustate empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE	dul O. Thele	/ _
Typed or Printed Name of General Partner Signing Form	DDH Investment Corp	Ger

DATE 10/19/98

ent Corp /, Gen Partner