PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.						
LIMITED PARTNERSH REINSTATEM	IIP	Secretar	RTMENT OF STATE ry of State corporations	07 AUG 22	LED PAMIO: 10 YOU STATE SEE FLORIDA	
DOCUMENT # A18206 1. Name of Limited Partnership				TALLAHASS	EE FLORIDA	
Regency East Office Park II, Ltd. BK				5001087 08/28/0701039-	500108710725 08/28/0701039011 **3508.75	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address				4		
2431 Aloma Ave.		2431 Aloma Ave.		CR2E039	CR2E039 (1/07)	
Suite, Apt. #, etc. Ste. 323		Suite, Apt. #, etc. Ste. 323		4. Date Formed or Registered 1 1	4. Date Formed or Registered 11/1/84	
City & State Winter Park, FL		City & State Winter Park, FL		5. FEI Number 5924704	A Bad Fan	
^{zip} 32792	ÜŠÄ	^{Zip} 32792	USA USA	6. CERTIFICATE OF STATUS DESIRED	\$9.75 Additional Factorised	
	8. Name and Address of	Current Registered Age	nt	7. FEES:		
Dale D. Helling					Filing Fee(s): \$411.25 for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office.	
Street Address (P.O. Box Number is Not Acceptable) 2431 Aloma Avenue				Penalty Fee(s): \$500 for each yea	-	
Site. 323				A \$500 penalty is due for each certificate of authority was revoked	year or part thereof the entity's	
Winter Park		State	32792 Code	circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.		
			-	egistered agent. I am familiar with, and accept	,	
Bal 6 Hells 8/17/07						
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
10. Name(s) of Ge	eneral Partner(s)	Address of Each	ch General Partner t Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number	
DDH Investment Corp.		2431 Aloma Ave. Ste. 323		/inter Park, FL 32792	G24216	
WESLEY D. SCOVANNER & ASSOCIATIATES, INC.		2435 Aloma Avenue		inter Park, FL 32792	G63564	
	-					
	K	EINSTALL	MENT Z	201-500	7	
Note: General r	nartners MAY NOT	be changed on the	his form: an amen	dment must be filed to char	nge a general partner.	
• Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 11. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Chapter 119, Florida Statutes. If release the Division of Chapter 119, Florida Statutes are a labella to the information and included in december 119, Florida Statutes. If release the Division of Chapter 119, Florida Statutes.						
 Corporations from any liability of non-compliance with Chapter 119, F.S. 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						
Typed or Printed Name of General Partner Signing Form Dale D. Helling Telephone Number 407-678-1866						