FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



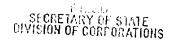
FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

A19161



96 00T 15 AM 10: 20



REGENCY SQUARE, LTD.)	JAN SIBN AIBN AIRN SIBN 19	
Mailing Address Principal Office Address POST OFFICE BOX 801 POST OFFICE BOX 801			3. Date Formed or Registered 02/20/1985	\$927,228.00 5b. Amount of Capital Contributions in FLORIDA to date		
PALM CITY FL 34990	PALM CITY FL 34990	PALM CITY FL 34990				
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc			Applied For Not Applicable		
City & State	City & State	City & State				
Zip Country	Z _I p Country		7. Certificate of Status Desired	Certificate of Status Desired \$8.75 Additional Fee Required R. Make check payable to Dept of State (See reverse side for fee informations)		
	34991	34991				
9. Name and Address of Current Registered Agent			10. If changed, now Registered Agent/Office			
SAMPSON, DOUGLAS C 654 SW THORNHILL LANE		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
PALM CITY FL 34990		Suite, Apt. #	e etc			
					,	
		City	City		Zip Code	
agent. I am familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointin A GENERAL PARTNER To	HAT IS A CORPORATION MUST BE REGISTERED A	LIMITED ND ACTIV	PARTNERSHIP OR OTH	Ł.	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	eral Partner Box Numbers)	11b. City State & Zip Code	11c.	Registration/ Document Number	
MACKEY, JAMES D.	1399 SW SHORELINE	1399 SW SHORELINE DRI				
MESINGER, ROBERT .	564 S.W. THORNHILL	564 S.W. THORNHILL LN		9858382 /9601040012 76.25 ****\$76.25		
•					KALM	

12. I do hereby cert fy that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Flor da Statutes 1 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 evening from public access. I further certify that the information indicated on this annual report is true and accurate and that my's gnature shall have the same legal effects as if made under earth. 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

JAMES D. MACKEY SIGNATURE

DATE October 10/96

Daytime Telephone Number 561-336-3000