

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

92 APR 20 AM 10:17

1. Name of Limited Partnership

1a. DOCUMENT #  
A22505

REGENCY PINES, LTD.

Mailing Address

1515 N. HUNTINGTON LANE  
SUITE 1017  
ROCKLEDGE FL 32955

Principal Office Address

1515 N. HUNTINGTON LANE  
SUITE 1017  
ROCKLEDGE FL 32955

3. Date Formed or Registered

05/07/1986

5a. Capital Contributions as  
Shown on record

\$1,300,005.00

3a. Date of Last Report

04/17/1998

4. State or Country of Formation

FL

5b. Amount of Capital  
Contributions in FLORIDA  
to date

6. FEI Number

58-1532502

☐ 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)

2. Mailing Address

1515 N. Huntington Lane  
Suite # 1017  
Rockledge, Florida  
Zip 32955 Country USA

2a. Principal Office Address

1515 N. Huntington Lane  
Suite # 1017  
Rockledge, Florida  
Zip 32955 Country USA

9. Name and Address of Current Registered Agent

CONN, JUNE  
1515 N. HUNTINGTON LANE  
#1017  
ROCKLEDGE FL 32955

10. If changed, new Registered Agent/Office

Name JAMES CONN  
Street Address (P.O. Box Number is Not Acceptable)  
1515 N. Huntington Lane  
Suite, Apt. #, etc. Suite # 1017  
City Rockledge FL Zip Code 32955

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 3/22/99

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)

REGENCY PINES MANAGEMENT

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

1515 N. HUNTINGTON LA

11b. City, State & Zip Code

ROCKLEDGE FL

11c. Registration/  
Document Number

M99285

400002854704--6  
-04/28/99--01044--009  
\*\*\*\*437.50 \*\*\*\*437.50  
400002854704--6  
-04/28/99--01044--010  
\*\*\*\*\*88.75 \*\*\*\*\*88.75

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

Mick Owens

DATE 3/22/99

Typed or Printed Name of General Partner Signing Form

Mick Owens

Daytime Telephone Number

(765) 453-9600

CFR2E003 (12/98)