

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

90 APR 20 AM 10: 17

SEARCHED INDEXED



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

2. Mailing Address

1515 N. Huntington Lane
Suite # 611
City & State
Rockledge, Florida
Zip 32955 Country USA

2a. Principal Office Address

1515 N. Huntington Lane
Suite # 611
City & State
Rockledge, Florida
Zip 32955 Country USA

9. Name and Address of Current Registered Agent

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

Name

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

1515 N. Huntington Lane

Suite # 611

City

Rockledge

3. Date Formed or Registered
5a. Capital Contributions as
Shown on record

05/07/1986

\$1,300,005.00

3a. Date of Last Report

04/17/1998

5b. Amount of Capital
Contributions in FLORIDA
to date

4. State or Country of Formation

FL

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)

10. If changed, new Registered Agent/Office

Name

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

1515 N. Huntington Lane

Suite # 611

City

Rockledge

Zip Code

FL 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)

**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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

REGENCY PINES MANAGEMENT

1515 N. HUNTINGTON LA

ROCKLEDGE FL

M99285

4000002854704--6
-04/28/99-01044-009

****437.50 ****437.50

4000002854704--6
-04/28/99-01044-010

****88.75 ****88.75

4/12/99

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