2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22505**

1. Entity Name

REGENCY PINES, LTD.

FILED

01 SEP -7 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1515 N. HUNTINGTON LANE SUITE 611 ROCKLEDGE FL 32955	P.O. BOX 2244 KOKOMO IN 46904-2244

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY SEPTEMBER 26, 2001**
City & State	City & State	4. FEI Number 58-4532502 35-1681214 — Applied For / Not Applicable
Zip / Country	Zip / Country	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONN, JAMES 1515 N. HUNTINGTON LANE SUITE 611 ROCKLEDGE FL 32955	Name *Nickerson, Terry* Street Address (P.O. Box Number is Not Acceptable) *1515 N. Huntington Lane, Unit 611* City *Rockledge* FL Zip Code *32955*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE X *Terry Nickerson*   *9/6/01*
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. **$1,300,005.00**	10. Amount of Capital Contributions in FLORIDA to date.	**11. MAKE CHECK PAYABLE TO DEPT. OF STATE** **SEE REVERSE SIDE FOR FEE INFORMATION**

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # M99285 NAME REGENCY PINES MANAGEMENT STREET ADDRESS 1515 N. HUNTINGTON LANE CITY-ST-ZIP ROCKLEDGE FL	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP 900004610579--8 -09/25/01--01068--032 ****935.00 ****935.00
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _SIGNATURE REQUIRED_ , *Mick L. Owens, 9/5/01* *765-453-960*

CR2E003 (5/01)

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