


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

<b>DOCUMENT # A22505</b> 1. Entity Name <b>REGENCY PINES, LTD.</b>		
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Principal Place of Business 1515 N. HUNTINGTON LANE SUITE 611 ROCKLEDGE FL 32955	Mailing Address P.O. BOX 2244 KOKOMO IN 46904-2244
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MEREDITH, HEATHER 1944 QUAIL RIDGE CT., #701 COCOA FL 32926		Name <u>Amy Dow</u> Street Address (P.O. Box Number is Not Acceptable) <u>720 Lynwood Ct.</u> City <u>Merritt Island</u> <b>FL</b> Zip Code <u>32952</u>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Amy Dow Amy Dow DATE 4/29/04

9. Capital Contributions as Shown on record. <b>\$1,300,005.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	M99285 REGENCY PINES MANAGEMENT 1515 N. HUNTINGTON LANE ROCKLEDGE FL	STREET ADDRESS	800036272318 05/13/04--01064--006 **535.00
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS	

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:** Mick L. Owens 4/29/04 765-453-9600  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**

04 APR 30 PM 12:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

4. FEI Number 35-1681214	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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STAPLE CHECK HERE