

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 17 AM 11:08

1. Name of Limited Partnership

1a. DOCUMENT #
A29321

FLORIDA REGENCY LTD.



Mailing Address

P.O. BOX 1975
330 SOUTH STREET
MORRISTOWN NJ 07962-1975

Principal Office Address

P.O. BOX 1975
330 SOUTH STREET
MORRISTOWN NJ 07962-1975

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

12/11/1989

3a. Date of Last Report

12/12/1995

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record

\$5,040,990.00

5b. Amount of Capital Contributions in FLORIDA to date

\$3,429,750.00

6. FEI Number

22-3041067

☐ 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)

9. Name and Address of Current Registered Agent

**CRONIN, JOHN
CRONIN, JACKSON, NIXON & WILSON
2560 GULF TO BAY BLVD., STE. 200
CLEARWATER FL 34625-4419**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

000002034590-6
-12/20/96--01020--009
****576.25 FL ****576.25

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

**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

FLORIDA REGENCY INC.

330 SOUTH ST.

MORRISTOWN NJ

L32587

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

[Signature]

DATE

12-12-96

Typed or Printed Name of General Partner Signing Form

KURT T. BOROWSKY, President
Florida Regency Inc.

Daytime Telephone Number

201-540-0948

CR2E003 (6/96)