



**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 30 JAN -5 AM 9:11	
1. Name of Limited Partnership: FLORIDA REGENCY NO. 2 LTD.		1a. DOCUMENT # A29323			
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		3. Date Formed or Registered 12/11/1989 3a. Date of Last Report 01/05/1998 4. State or Country of Formation FL 5a. Capital Contributions as Shown on Record \$2,520,340.00 5b. Amount of Capital Contributions in F.O.B. to date \$0.00 6. FEI Number 22-3023914 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make Check payable to: Dept. of State (See reverse side for instructions)	
2. Mailing Address Suite, Apt #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country		9. Name and Address of Current Registered Agent CRONIN, JOHN CROWNIN, JACKSON, NIXON & WILSON 2560 GULF TO BAY BLVD., STE. 200 CLEARWATER FL 34625-4419	
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 _____		10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt #, etc. _____ City _____ FL Zip Code _____			
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) FLORIDA REGENCY INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 330 SOUTH ST.		11b. City, State & Zip Code MORRISTOWN NJ	
11c. Registration Document Number L32587		01/22/98 0000 012 ***14 25 ***141.25			
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 <i>Donald R. Smith</i> Typed or Printed Name of General Partner Signing Form: Donald R. Smith		DATE: <i>12/25/98</i> Daytime Telephone Number: <i>973-290-2840</i>			

CR25003 (8/98)