LIMITED **PARTNERSHIP** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

FILEU SECRETARY OF STATE INVISION OF CORPORATIONS

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DOCUMENT

SIGNATURE

A29323

1. Name of Limited Partnership

Florida Regency No. 2 LTD.

2. Principal Office Address 330 South St P.O. Box 197		3. Mailing Office Address 5 P.O. Box 1975		4. Date Formed or Registered To Do Business in Florida 12/11/89			
Suite, Apt. #, etc.		Suite 30 #South Street		5. FEI Number 22-3023914		Applied For Not Applicable	
City & State		City & State		CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
Morristown, NJ		Morristown, NJ		7a. Capital Contributions as shown or	n Record:		
Zip	Country	Zip	Country		\$2,520.34		
07962-1975	USA	07962-1975	USA		7b. Amount of Capital Contributions in		date:
8. Name and Address of Current Registered Agent					\$0.00		
Street Address (P.O. Box Number is Not Acceptable) 2560 Gulf to Bay BLVD.							
10. Name(s) of Ge	eneral Partner(s)	Address of Eac	ch General Partner Office Box Numbers)		City, State and Zip Code	10a.	Registration Document Number
,	maile		mg.	21 PR	298 01010 1.25 * 296 01010 0.00 *	069001 ****141.25 \$\$\frac{1}{2}\$ \$\$\frac{1}{2}\$ \$	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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.							

Typed or Printed Name of General Partner Signing Form Donald R. Son, the VP Flor. Da Kegency Inc., 6P

CR2E039 (11/99)

Telephone Number 973 290-2329

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