

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JAN 30 PM 4:02



<b>DOCUMENT #</b> A29323	
1. Entity Name FLORIDA REGENCY NO. 2 LTD.	

Principal Place of Business 330 SOUTH STREET MORRISTOWN NJ 07962-1975	Mailing Address P.O. BOX 1975 MORRISTOWN NJ 07962-1975
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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

<b>DUE BY MAY 1, 2003</b>	
4. FEI Number 22-3023914	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CRONIN, JOHN CROWNIN, JACKSON, NIXON & WILSON 2560 GULF TO BAY BLVD., STE. 200 CLEARWATER FL 34625-4419		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,520,340.00	10. Amount of Capital Contributions in FLORIDA to date. \$0.00	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 #	L32587	STREET ADDRESS	
NAME	FLORIDA REGENCY INC.	CITY-ST-ZIP	
STREET ADDRESS	330 SOUTH ST.		
CITY-ST-ZIP	MORRISTOWN NJ		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 Donald R. Smith, VP 1/23/03 (973) 290-2305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)