2001 UNIFORM BUSINESS REPORT (UBR)

0013621 AF

DOCUMENT # A32719

1. Entity Name

THE REGAN FAMILY LIMITED PARTNERSHIP, LIMITED LI

FILED
01 MAR 26 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
119 REDWING ROAD TAVERNIER FL 33070	119 REDWING ROAD TAVERNIER FL 33070

2. Principal Place of Business	3. Mailing Address
220 Tide Ave	220 Tide Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tavernier FL	City & State: Tavernier FL
Zip: 33070 Country: Monroe	Zip: 33070 Country: Monroe

4. FEI Number: 65-0374584 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REGAN, ROBERT E. 119 REDWING ROAD TAVERNIER FL 33070	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,051,144.00		

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 #		STREET ADDRESS	220 Tide Ave
NAME	REGAN, ROBERT E	CITY-ST-ZIP	Tavernier FL 33070
STREET ADDRESS	119 REDWING ROAD		
CITY-ST-ZIP	TAVERNIER FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	600003931446--7
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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: Robert E Regan _____ 3/26/01 305 852-3234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #