

**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2008**

**DOCUMENT # A32719**

1. Entity Name

THE REGAN FAMILY LIMITED PARTNERSHIP, LIMITED  
LIABILITY PARTNERSHIP



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 12 AM 9:14

Principal Place of Business

220 TIDE AVE.  
TAVERNIER FL 33070

Mailing Address

220 TIDE AVE.  
TAVERNIER FL 33070



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E003 (10/07)

City & State

City & State

4. FEI Number

65-0374584

Applied For

Not Applicable

Zip

Country

Zip

Country

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.  
220 TIDE AVE  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Robert E. Regan* *Andrew E. Regan*

3/26/08

DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #

NAME

STREET ADDRESS

CITY-ST-ZIP

REGAN, ROBERT E

220 TIDE AVE.

TAVERNIER FL 33070

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Andrew E. Regan* *Robert E. Regan*

3/26/08 305-8523234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone

STAPLE CHECK HERE