2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2007

MILTON JONES DEVELOPMENT-CORPORATION

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SIGNATURE:

FILED Apr 23, 2007 08:00 All Secretary of State DOCUMENT # A9300000153 1. Entity Name REGAL TRACE, LTD. Principal Place of Business Mailing Address 9 NORTHWEST 4TH AVENUE, SUITE A P.O. BOX 357 **DANIA FL 33004 DANIA FL 33004** 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E003 (10/06) City & State City & State 4. FEI Number Applied For 65-0452252 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JONES, MILTON L JR Street Address (P.O. Box Number is Not Acceptable) 9 NORTHWEST 4TH AVNEUE, SUITE A **DANIA FL 33004** City 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 Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! Fee is \$500. *** After May 1, 2007, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY DOCHMENT # MR1437 STREET ADDRESS NAME MILTON JONES DEVELOPMENT CORPORATION STREET ADDRESS 9 NORTHWEST 4TH AVENUE, SUITE A CHY-SI-7IP CITY - ST - ZIP **DANIA FL 33004** 000000727775 05/04/07-80061-014 508.75 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY- S1-74P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY - ST- 7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY+ST-7IP CITY-SI-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fiorida 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, Fiorida Statutes