## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A93000001113** 

## REGENCY BOSEWOOD TEMPLE TERRACE LTD

141.25

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 22 PM 4: 03

TEACHOT HOSEWOOD PEIVI	LE ILIUACE, EID.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
200 LAURA STREEYT	200 LAURA STREEYT		10/27/1993		
JACKSONVILLE FL 32202	JACKSONVILLE FL 32202		3a. Date of Last Report	\$100.00	
			12/31/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Z. Ivialing Address	Za. Filitopai Office Address	Zu. i iliopai Olios Addiess			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable	
Zlp Country	Zip	Zip Country		\$8.75 Additional Fee Required	
				8, Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registere	d Agent/Office	
		Name			
F&L CORP. 200 LAURA STREET	Street Address (P.O. I		O. Box Number Is Not Acceptable)		
JACKSONVILLE FL 32202	Suite, Apt. #, etc.				
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement					
for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	Address of Each Genera 11a. (Do NOT Use Post Office Bo	I Partner 11	b. City, State & Zip Code	11c. Registration/ Document Number	
RRC GENERAL SPC, INC.	121 W. FORSYTH ST., S		JACKSONVILLE FL 32202	P93000074520  CKZE003 (8/8)	
			000002 -01/15. ***226	7443803 /9901097001 /5.00 ****/-4/,2 <b>5</b>	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido 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)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) 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.					
SIGNATURE ( )			DATE	12-14-98	
Typed or Printed Name of General Partner Signing Form	2RC Geresal SPC	TWC.	Daytime Telephone Number	104/356-7000	