## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## DOCUMENT # A94000000336 04 APR 30 AM 8: 04 REGENCY WINDSOR INVESTMENTS V LIMITED **PARTNERSHIP** SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 1025 FLÅMEVINE LANE, SUITE 3 1025 FLAMEVINE LANE, SUITE 3 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State Applied For 4. FEI Number 65-0481130 Not Applicable Country Zip 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 R. LOITUIS BROWN, RONALD E Street Address (P.O. Box Number is Not Acceptable) 1025 Flamevine Lane, Suite 1025 FLAMEVINE LANE, SUITE 3 VERO BEACH FL 32963 Vero Beach, FL 32963 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or poth, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE 10. Amount of Capital Contributions 8000.00 9. Capital Contributions 11. MAKE CHECK PAYABLE TO FL, DEPT. OF STATE \$8,000.00 as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # P03644 STREET ADDRESS REGENCY WINDSOR CAPITAL, INC. NAME STREET ADDRESS 1025 FLAMEVINE LANE, SUITE 3 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 DOCUMENT # STREET ADDRESS 20003607072; <del>/11/04-01086-001\_\*\*</del> REGENCY WINDSOR DEVELOPMENT, INC. NAME STREET ADDRESS 1025 FLAMEVINE LANE, SUITE 3 CITY-ST-ZIP CITY-ST-7IP VERO BEACH FL 32963 OCCUMENT # STREET ADDRESS NAME -- --STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME CITY-ST-ZIP 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 are ded 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