

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A96000001647**

1. Entity Name  
**REGER INVESTMENT FUND LLLP**



**FILED**

**04 MAY -3 PM 6:32**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business Mailing Address  
**1474 VIA PRIVADO 1474 VIA PRIVADO**  
**JUPITER, FL 33477 JUPITER, FL 33458**

2. Principal Place of Business 3. Mailing Address  
**1474 VIA PRIVADA 1474 VIA PRIVADA**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**JUPITER FL JUPITER FL**

Zip Country Zip Country  
**33477 33477**

**04272004 Chg-LP CR2E003 (10/03)**

4. FEI Number Applied For  
**65-0700631** Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REGER, LAWRENCE H**  
**1474 VIA PRIVADO**  
**JUPITER, FL 33477**

**7. Name and Address of New Registered Agent**

Name ~  
**REGER, LAWRENCE H**  
Street Address (P.O. Box Number is Not Acceptable)

**1474 VIA PRIVADA**

City Zip Code  
**JUPITER FL 33477**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$25,000,000.00**  
10. Amount of Capital Contributions in FLORIDA to date. **\$5,391,942**

**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**

DOCUMENT #  
NAME **SMITH, JUDITH A**  
STREET ADDRESS **2730 TRANSIT ROAD**  
CITY-ST-ZIP **WEST SENeca, NY 14224**

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CITY-ST-ZIP

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CITY-ST-ZIP

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:** *Judith A Smith* **JUDITH A SMITH**

**4-29-04 716 675-1200**  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE