

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -6 PM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



<b>DOCUMENT # A96000001647</b>		1. Entity Name <b>REGER INVESTMENT FUND LLLP</b>	
Principal Place of Business <b>1474 VIA PRIVADO JUPITER, FL 33477</b>		Mailing Address <b>1474 VIA PRIVADO JUPITER, FL 33458</b>	
2. Principal Place of Business <b>1474 VIA PRIVADA</b>		3. Mailing Address <b>1474 VIA PRIVADA</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>JUPITER FL</b>		City & State <b>JUPITER FL</b>	
Zip <b>33477</b>		Country	
Country		Country	
6. Name and Address of Current Registered Agent <b>REGER, LAWRENCE H 1474 VIA PRIVADO JUPITER, FL 33477</b>		7. Name and Address of New Registered Agent Name <b>REGER, LAWRENCE H</b> Street Address (P.O. Box Number is Not Acceptable) <b>1474 VIA PRIVADA</b> City <b>JUPITER</b> <b>FL</b> Zip Code <b>33477</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
9. Capital Contributions as Shown on record. <b>\$25,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>7,132,165</b>	
<b>MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>			
<b>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.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>SMITH, JUDITH A</b>	CITY - ST - ZIP	
STREET ADDRESS	<b>2730 TRANSIT ROAD</b>	CITY - ST - ZIP	
CITY - ST - ZIP	<b>WEST SENECA, NY 14224</b>	STREET ADDRESS	<b>400018310114</b>
DOCUMENT #	NAME	STREET ADDRESS	<b>05/06/03--01121--013 **535.00</b>
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP		STREET ADDRESS	
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: <i>Judith A Smith</i>		4-29-03 716 675-1200	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Case Daytime Phone #</small>	

STAPLE CHECK HERE

CR2E003 (10/02)