


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000001787 1. Entity Name REGENTS GLEN LIMITED	
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FILED

04 APR 30 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1553 SAN IGNACIO CORAL GABLES, FL 33146	Mailing Address 1553 SAN IGNACIO CORAL GABLES, FL 33146
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2. Principal Place of Business 7700 N. Kendall Dr Suite, Apt. #, etc. Suite 505 City & State Miami, FL Zip 33156	3. Mailing Address Same as bpt Suite, Apt. #, etc. City & State Zip Country USA	4. FEI Number 65-0782984
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04222004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0782984	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent BOYETT, JAMES 1553 SAN IGNACIO CORAL GABLES, FL 33146	7. Name and Address of New Registered Agent Name 7700 N. Kendall Dr. Street Address (P.O. Box Number is Not Acceptable) Suite 505 City Miami FL Zip Code 33156
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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 *James L. Boyett* **JAMES L. BOYETT** **4/27/04**
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. \$600,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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	13. ADDRESS CHANGES ONLY
DOCUMENT # P94000015448 NAME BOYETT CAPITAL MANAGEMENT, INC. STREET ADDRESS 1553 SAN IGNACIO CITY-ST-ZIP CORAL GABLES, FL 33146	STREET ADDRESS 7700 N. Kendall Dr, 505^{ste.} CITY-ST-ZIP Miami, FL 33156
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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: *James L. Boyett* **JAMES L. BOYETT** **4/27/04** **595-5992**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE