

2004 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2004

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000416

1. Entity Name  
MBS-REGENTS WALK, LTD.



Principal Place of Business  
ONE GALLERIA BLVD., SUITE 1950  
METAIRIE, LA 70001

Mailing Address  
ONE GALLERIA BLVD., SUITE 1950  
METAIRIE, LA 70001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112004 Chg-LP CR2E003 (10/03)

4. FEI Number  
72-1414790

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SMUCK, MICHAEL B  
13016 LEEDS COURT  
TAMPA, FL 33612

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

DATE

9. Capital Contributions  
as Shown on record. \$913,770.00

10. Amount of Capital Contributions  
in FLORIDA to date.

913,770

**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 # L98000000182  
NAME 13016 LEEDS, L.L.C.  
STREET ADDRESS ONE GALLERIA BLVD., SUITE 1950  
CITY-ST-ZIP METAIRIE, LA 70001

STREET ADDRESS

CITY-ST-ZIP

U000000136234  
04/29/04-80008-003 526.25

DOCUMENT #  
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STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Michael B. Smuck 4/19/04

Date

Daytime Phone #

504-830-5075

STAPLE CHECK HERE