

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

05 NOV -2 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

05092005

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

7. Name and Address of New Registered Agent

SMUCK, MICHAEL B
13016 LEEDS COURT
TAMPA, FL 33612

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

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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

300061141823
11/03/05--01048--002 **\$26.25

DOCUMENT #
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CITY-ST-ZIP

REINSTATEMENT

2005

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

Date

Daytime Phone #

10/10/05

STAPLE CHECK HERE