

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

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

DOCUMENT # A98000002365

1. Entity Name
MBS - REGENTS PLACE, LTD.



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

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



02122004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
72-1426507

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 33613

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 fee if applicable

DATE

9. Capital Contributions
as Shown on record. \$1,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date. 1,034,390

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 # L98000002241
NAME SEAFORD CIRCLE, L.L.C.
STREET ADDRESS ONE GALLERIA BLVD, SUITE 1950
CITY-ST-ZIP METAIRIE, LA 70001

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

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04/23/04-80008-002 526.25

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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:

Michael B. Smuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/19/04

504-836-5075
Daytime Phone #

STAPLE CHECK HERE