2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

Mailing Address

DOCUMENT #	B01000000357

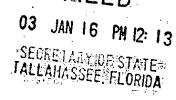
1. Entity Name

Principal Place of Business

REAGAN INVESTMENTS, L.P.



FILED



14101 N.W. 4TH STREET SUNRISE FL 33325  14101 N.W. 4TH STREET SUNRISE FL 33325						el es hes cas			
		- :							
2. Principal Place of Business			3. Mailing Address		1 1003/00		71 <b>00</b> 711 <b>00108</b> 1116 1 <b>6</b> 111 1 <b>61</b> 1 1 <b>60</b> 1		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DUE BY MAY 1, 2003				
City & State			City & State		4. FEI Number	88-0508203	Applied For Not Applicable		
Zip	Country	-	Zip	Count	ry,	5. Certificate o	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent						7. Name and A	Address of New Registere	d Agent	
RILEY, PA	ATRICIA				Name				
14101 N.W. 4TH STREET					Street Address (P.O. Box Number is Not Acceptable)				
SUNRISE	FL 33325								
					City		F	Zip Code	
8. The above the obligation	e named entity submits this stations of registered agent.	atement for the p	ourpose of changing its	registere	d office or regis	tered agent, or both	, in the State of Florida. I ar	m familiar with, and accept	
SIGNATURE	Signature, typed or printed name of regi	stered agent and title	f applicable.				DATE		
9. Capital Contributions as Shown on record.  9. Capital Contributions in FLORIDA to date				butions  11. MAKE CHECK PAYABLE TO FL. DEPT. ( SEE REVERSE SIDE FOR FEE INFORM					
	A GENERAL PAI	RTNER THAT	IS A BUSINESS EN	TITY MU	JST BE REGI	STERED AND AC	CTIVE WITH THIS OFFIC to change a general p	CE.	
12.		PARTNER INFO		13.	un amenan	cht mast oc mea	ADDRESS CHANGES C		
DOCUMENT / FO 1000005346 NAME REAGAN INVESTMENTS GP, INC.				T ADDRESS					
STREET ADDRESS CITY-ST-ZIP	202 NORTH CURRY STR CARSON CITY NV 89703	EEŤ		CITY-S	ST-ZIP				
DOCUMENT #				STREE	T ADDRESS	700	101015		
STREET ADDRESS CITY-ST-ZIP			6 _	CITY-S	ST-ZIP	01/16/0	<u>10101525</u> 301029012	**141.25	
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STREET ADDRESS CITY-ST-ZIP				CITY-S	ST-ZIP				
DOCUMENT /			·····	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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS



1/13/03