2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Mar 30, 2006 08:00 AM Secretary of State

1. Entity Name REGENT TAMPA I, L.P.

Principal Place of Business

ATLANTA, GA 30326

STAPLE CHECK HERE

3348 PEACHTREE ROAD, NE SUITE 1000 Mailing Address

3348 PEACHTREE ROAD, NE

SUITE 1000 ATLANTA, GA 30326



DO NOT WRITE IN THIS SPACE

03212006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3556676

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TAI LAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

| TALLAHASSEE, FL 32301-2525 | | IN THIS SPACE |
|--|---|---|
| 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 lamiliar with, and accept the obligations of registered agent. | | |
| SIGNATURE | Signature, typed or norted name of registered agent and title if applicable. | DATE |
| | FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 | |
| 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 | |
| DOCUMENT # | L48445 | |
| NAME | FLORIDA SOUTHEAST DEVELOPMENT KMLD CORP. | |
| STREET ADDRESS | 3816 W. LINEBAUGH AVE., SUITE 105 | |
| CITY-SI-DP | TAMPA, FL 33618 | 1840004444359 |
| DOCUMENT | | U4/12/U6 80043~U12 500.U0 |
| NAME STREET ADDRESS | | THE RESIDENCE OF THE PROPERTY |
| CITY-ST-ZIP | | |
| DOCUMENT / | <u> </u> | |
| NAME | | |
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| STREET ADDRESS | | |
| CITY-\$1-ZIP | { | |
| 14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes 1 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 | | |
| I All Mal will be that a zeros | | |
| SIGNATURE: SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING GENERAL PARTNER Date Dayring Floors # | | |
| | | |