


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90005 045 \*\*\*\*50.00

<b>DOCUMENT # L01000019465</b>	
1. Entity Name <b>REGINA REGENCY INVESTMENT GROUP, LLC</b>	

Principal Place of Business <b>4721 UNIVERSITY DRIVE CORAL GABLES FL 33146</b>	Mailing Address <b>C/O R &amp; S MGMT 5821 REDDMAN ROAD CHARLOTTE NC 28212</b>
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2. Principal Place of Business		3. Mailing Address <i>to R &amp; S MGMT</i> <b>1981 J.W. PEESE PL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 101</b>	
City & State		City & State <b>Charlotte, NC</b>	
Zip	Country	Zip	Country
		<b>28262-4529</b>	<b>USA</b>

1st MOORE CR2E083 (10/05)

4. FEI Number <b>65-1151738</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SORKIN, LAWRENCE 4721 UNIVERSITY DR MIAMI FL 33146</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SORKIN'S WINDSOR APTS, INC. 10 EDGEWATER DR #6G MIAMI FL 33133</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **LAWRENCE SORKIN** 4-6-06 704-548-0226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #