

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2008 8:00 am
Secretary of State

05-15-2008 90078 020 ***138.75

DOCUMENT # L03000051611

1. Entity Name
REGENCY 2500, LLC



Principal Place of Business
**980 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FL 33432**

Mailing Address
**980 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FL 33432**

00041531



2. Principal Place of Business - No P.O. Box #
1500 Gateway Blvd.

3. Mailing Address
1500 Gateway Blvd.

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

04242008 Chg-LLC CR2E083 (12/06)

City & State
Boynton Bch, FL

City & State
Boynton Bch, FL

4. FEI Number
20-1121090

Applied For
Not Applicable

Zip
33426

Country

Zip
33426

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KLEPPER, CARL
980 N FEDERAL HWY STE 200
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name
Carl Klepper

Street Address (P.O. Box Number is Not Acceptable)
1500 Gateway Blvd

Suite 200

City
Boynton Beach

FL

Zip Code
33426

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to:
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
COMPSON 2500 INVESTMENTS, LLC
980 NORTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON, FL 33432** ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1500 Gateway Blvd. #200
Boynton Beach, Florida 33426** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #