## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999



lapter 620, Florida Statutes.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**SIGNATURE** 

1a. DOCUMENT # B9700000103

141.00

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 22 PM 3: 57

REGENCY CENTERS, L. P.							
Mailing Address	Principal Office Address		3.	Date Formed or Registered	5a. Capit	al Contributions as	
121 W. FORSYTH ST., SUITE 200 JACKSONVILLE FL 32202	121 W. FORSYTH ST., SUITE 200 JACKSONVILLE FL 32202			02/21/1997 3a. Date of Last Report 12/31/1997		\$0.00	
2. Mailing Address	2a. Principal Office Address		4.	State or Country of Formation	Contributions in FLORIDA to date;		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			FEI Number 59-3429602		Applied For Not Applicable	
City & State	City & State			Certificate of Status Desired		\$8.75 Additional	
Zig Country	Zip Country		8.	Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
2. Identica un vinnesso di contanti Legiordian Vitati		Name					
F & L CORP.		Street Address (P.O. Box Number Is Not Acceptable)					
200 LAURA STREET		Suite, Apt. #, etc.					
JACKSONVILLE FL 32202							
		City Zip Code				Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Fiorida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Fiorida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)							
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
REGENCY REALTY CORPORATION	121 W. FORSYTH STREET		JACKSONVILLE FL 32202		P93000047823		
•		- Laboratoria		3000027 -01/15/ ***228	442 9901 5.00	0735 097001 ****141.25	
N							
Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.							
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of hon-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee							