2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000103

1. Entity Name

REGENCY CENTERS, L. P.

FILED
01 APR 27 PM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000389 AF

Principal Place of Business	Mailing Address
121 W. FORSYTH ST., SUITE 200 JACKSONVILLE FL 32202	121 W. FORSYTH ST., SUITE 200 JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	200 Laura Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Jacksonville, FL
Zip / Country	Zip: 32202 / Country

4. FEI Number 59-3429602 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
F & L CORP. 200 LAURA STREET JACKSONVILLE FL 32202	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	$0.00	10. Amount of Capital Contributions in FLORIDA to date.	$0.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	13.	ADDRESS CHANGES ONLY
DOCUMENT #	P93000047823	STREET ADDRESS	
NAME	REGENCY REALTY CORPORATION		
STREET ADDRESS	121 W. FORSYTH STREET, SUITE 200	CITY-ST-ZIP	300004084253 3 -04/27/01--01035--003 ***1967.50 ****141.25
CITY-ST-ZIP	JACKSONVILLE FL 32202		
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CR2E003 (11/00)

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

By Regency Centers Corporation

SIGNATURE: [signature] Kathy Dean, VP April 10, 2001 904-598-7471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #