2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500000510 1. Enlity Name								F	ILED RY OF STATE CORPORATIO			
REGENCY MGROUP LTD.								DIVISION OF	CORPORATIO	HS		
Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DR. STE. 300 CORAL GABLES FL 33143 Mailing Address ATTN: ROBERT MICHAELSON 156 WEST 56TH ST 12TH FLOC							R	00 SEP 25. AM 11: 02				
2. Principal Place of Business 3. Mailing Address Norman, Orodenk C/O Tillinghast Licht Perki Smith & Cohen, LLP								rs I LOCATOR ACTO ACTOR CONTRACTOR CONTRACTO				
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Weybosset St.								DO NOT WRITE IN THIS SPACE				
City & State					City & State	···	4. FEI Number	13-3840577	· · <u> </u>	\top	Applied For Not Applicable	
Zip	p Country			02903 Cour US			Try	-5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent							Name	7. Name and	ddress of New Re	gistered Ag	ent	
AXELROD, ALAN D							Street Address (P.O. Box Number is Not Acceptable)					
C/O BILZIN SUMBERG DUNN & AXELROD, LLP 2500 FIRST UNION FINANCIAL CENTER								·	<u> </u>			
MIAMI FL 33131							City	FL Zip Code				Code
8. The above	named entity	/ subm	its this statement for	the p	ourpose of changing its	register	l ed office or registe	red agent, or both	, in the State of Flor		<u> </u>	
SIGNATURE :			N/A									
9. Capital Co			1,565,497.00	d title	10. Amount of Capita		ed Agent signature require butions	d when reinstating)	11. MAKE CHECK	DATE PAYABLE TO	O DEF	T. OF STATE
as Shown			<u> </u>		in FLORIDA to da		UST BE REGIS	TERED AND AC			FEE IN	NFORMATION
12.	NOTE:		eral Partners MA) GENERAL PARTNER		T be changed on th	e form	; an amendmer	nt must be filed	to change a ger	-	er.	
DOCUMENT #	P9500001	7677			- IMPACTOCK		EET ADDRESS		ADDITION OF IA	AGES ONE!		
NAME STREET ADDRESS CITY-ST-ZIP	REGENCY MGP CORP. 156 WEST 56TH ST., 12TH FLOO NEW YORK NY 10019					CITY	-ST-ZIP	<u> </u>	<u>.</u> .			
DOCUMENT #						STRE	EET ADDRESS		<u>.</u>			
NAME STREET ADDRESS CITY-ST-ZIP							-ST-ZIP	500	000340 -03/29/0	1913))	1
DOCUMENT #		-	-	_		STRE	ET ADDRESS		****541.	25 **	<u>*</u> ₩5	41.25
STREET ADDRESS CITY-ST-ZIP			•			CITY	-ST-ZIP			· V		
DOCUMENT # NAME						STRE	ET ADDRESS					
Street address City-St-Zip						CITY	-ST-ZIP		· · ·			
DOCUMENT # NAME						STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP					-	CITY	-ST-ZIP					
DOCUMENT / NAME					-	STRE	ET ADDRESS					
STREET ADDRESS City-St-Zip							-ST-ZIP					
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 it had a under bath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 920, Florida Statutes Regency MGP Corp.												
SIGNATURE: By SIGNATURE REQUIPING From G Frodenker 9/11/00 401-456-1200 SIGNATURE: By SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SECTION AT THE PARTNER SECTI												
		310	WATER AND 1 THEB OR P	11141 C	- HARE OF BURNING GENERA	LTANTNE	,		Date	Dayti	me Phor	10 7