

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000510

1. Entity Name
REGENCY MGROUP LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 25. AM 11: 02

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 FLOOR
NEW YORK NY 10019



2. Principal Place of Business

3. Mailing Address **Norman, Orodenker**
c/o Tillinghast, Licht Perkins
Smith & Cohen, LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.
10 Weybosset St., 10th Fl.

DO NOT WRITE IN THIS SPACE

City & State

City & State
Providence, RI

4. FEI Number **13-3840577**

Applied For
Not Applicable

Zip Country

Zip **02903** Country **USA**

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

AXELROD, ALAN D
C/O BILZIN SUMBERG DUNN & AXELROD, LLP
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131

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 **N/A**
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. **\$1,565,497.00** 10. Amount of Capital Contributions in FLORIDA to date. 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
P95000017677	REGENCY MGP CORP.	156 WEST 56TH ST., 12TH FLOOR	NEW YORK NY 10019

500003409125--1
--09/29/00--01018--022
*****541.25 ***541.25**

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

Regency MGP Corp.

SIGNATURE: By **SIGNATURE REQUIRED** **Norman G. Orodenker** 9/11/00 401-456-1200
Signature and typed or printed name of signing general partner Secretary Date Daytime Phone #

CR2E003 (5/00)