

2001 UNIFORM BUSINESS REPORT (UBR)

0020226 SP

DOCUMENT # A95000000510
1. Entity Name
 REGENCY MGROUP LTD.

FILED

01 MAR -5 PM 11:08

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 C/O SOUTHEAST CENTERS
 1541 SUNSET DR., STE. 300
 CORAL GABLES FL 33143

Mailing Address
 NORMAN ORODENKER TILLINGHAST LICHT PERKINS
 SMITH & COHEN, LLP/10 WEYBOSSET ST 10TH FL
 PROVIDENCE RI 02903

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number 13-3840577
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 AXELROD, ALAN D
 C/O BILZIN SUMBERG DUNN & AXELROD, LLP
 2500 FIRST UNION FINANCIAL CENTER
 MIAMI FL 33131

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 #	P95000017677	STREET ADDRESS	c/o Norman G. Orodenker, Esq.
NAME	REGENCY MGP CORP.	CITY-ST-ZIP	10 Weybosset Street, 10th Floor
STREET ADDRESS	156 WEST 56TH ST., 12TH FLOOR		Providence, RI 02903
CITY-ST-ZIP	NEW YORK NY 10019		
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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

SIGNATURE: By Norman G. Orodenker **2/6/01** **401-456-1200**
Signature and typed or printed name of signing general partner Date Daytime Phone #
 Norman G. Orodenker, Secretary

CR2E003 (11/00)