2000 UNIFORM BUSINESS REPORT (UBR) A96000001700 DOCUMENT # 1. Entity Name SECRETARY OF STATE VISION OF CORPORATIONS REGENCY REDEVELOPERS, LTD. 00 MAY - 1 PM 1: 33 Principal Place of Business Mailing Address C/O BAITA INTERNATIONAL. INC. C/O BAITA INTERNATIONAL, INC. 1777 NE EXPRESSWAY. SUITE 145 1777 NE EXPRESSWAY, SUITE 145 ATLANTA GA 30329-2440 ATLANTA GA 30329 2. Principal Place of Business 3. Mailing Address 3340 Peachke 3340 Reacutree Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Ste 1500 Ste 1500 Applied For 4. FEI Number City & State City & State 59-3400033 Not Applicable. Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Schneider INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVENUE, SUITE 3000 **MIAMI FL 33131** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$2,096,687.39 SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. in FLORIDA to date 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. F94000000215 DOCUMENT # STREET ADDRESS 340 Peachdree Bld. BAITA REAL ESTATE, INC. NAME 1777 NORTHEAST EXPRESSWAY, SUITE 145 STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP ATLANTA GA 30329 DOCUMENT 4 STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZW DOCUMENT# STREET ADDRESS 700003285827 NAME 06/12/00=-01135---n15 STREET ADDRESS CITY-ST-ZIP ****141.25 ****141 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADORESS CITY+ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME "高级"。 STREET ADDRESS दि । वेडमेर्डरम् हर्राक्षर १४८७ CITY-ST-ZIP CITY-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 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: SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING GENERAL PARTNER Date Daytime Phone #