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REGENCY SQUARE DEVELOPMENT SINGLE MEMBER, L.C.						FILED				
						01 JAN 25 AM 11: 58				
Principal Place of Business  Mailing Address  2519 MCMULLEN BOOTH ROAD. SUITE 510-257  2519 MCMULLEN BOOTH F			ROAD. SUITE 510-257			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
CLEARWATER FL 34621 CLEARWATER FL 34621				ı			1 (ES)(E)( A)( CO)(( C)(( C			
2. Principal i	Place of Business .	3. Mailing Address								
Suite, Apt	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Sta	te	City & State			1	4. FEI Number Applied For Not Applied For Not Applicable				
337L		733761	Count	try		<b>5.</b> Certi	ficate of Status Desired	\$5.00 Ad Fee Require	Iditional	
	6. Name and Address of Current F	Registered Agent		Name		7. Nam	e and Address of New Regist	ered Agent		
JN & EG LIMITED COMPANY					دوب		10e/			
2519 MC		Street Add	dress (P.C	). Box N	lumber is Not Acceptable)					
CLEARWATER FL 34621				City				FL Zip Coo	de	
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 on crinted name of registered egent and title if applicable. (NOTE: Registered Agent Lignature required when reinstating)  DATE										
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9.	MANAGING MEMBE		10.	· · · · · · · · · · · · · · · · · · ·			ADDITIONS/CHA			
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11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute his report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 1-10-01 SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #										