2001	I UNIFORM BUS	INESS REPO	RT	(UBR	<u> </u>				
DOCU 1. Entity Nam	MENT # L0000001	5982						•	
REGENC	Y CENTERS TEXAS,	LLC			FILED				
Principal Place of Business 121 West Forsyth Street Suite 200 Jacksonville, FL 32202		Mailing Address 121 West Forsyth Street Suite 200 Jacksonville, FL 32202				O1 APR 27 PH II: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address 200 Laura Street							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		Jacksonville, FL		4.	4. FEI Number Applied For S9-3687053 Not Applicable				
Zip Country		Zip 32202	Country			Certificate of Status Desired	\$5.00 Add		
	6. Name and Address of Current	Registered Agent		Name	7. 1	Name and Address of New Register	30 Agent		
E 9-1	Corp.			Street Add	dress (P.O. B	P.O. Box Number is Not Acceptable)			
	Laura Street				•=				
	sonville, FL 32202	,		City			Zip Cod	le	
8. The above	named entity submits this statement for	or the purpose of changing its	s registere	d office or re	egistered ag	gent, or both, in the State of Florida.	•		
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	Agent signature	e required when re	einstating) DA1	E .		
		FILE N Make Check Pa	- 4	EE IS \$5 Departm		ite			
9.	MANAGING MEME		10.		M	ADDITIONS/CHANC		∑X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			Reger 121 V	aging Member ncy Centers Corporation West Forsyth Street, Suite 20 sonville, FL 32202	☐ Change	v aduition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· Cl Delete				10000408 -04/27/01 ***1967.5	□ Change -4321 01035 0 *****	□ Addition 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		•			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Change	☐ Addition	
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste By Regency Centers C	I that my signature shall have e empowered to execute this	the same report as	legal effect required by	as if made u	under oath; that I am a managing mei	certify that the in nber or manage	nformation er of the	

Kathy Dean, VP

IG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 10, 2001