## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Feb 03, 2004 08:00 AM Secretary of State

1. Entity Name REGENCY PROPERTY GROUP, LLC					
Principal Place of Business 1700 ABBEY PL STE 111 CHARLOTTE, NC 28209		Mailing Address 1700 ABBEY PL STE 111 CHARLOTTE, NC 28209			
D	O NOT WRITE	IN THIS SPA	CE	01072004 No Chg-LLC  4. FEI Number 74-3078475  5. Certificate of Status Desired	CR2E083 (10/03)  Applied For Not Applicable  \$5.00 Additional Fee Required
	6. Name and Address of Current F			and the state of t	the second secon
RYDBERG, THOMAS H 400 N. TAMPA STREET, SUITE 1050 TAMPA, FL 33602  8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.			DO NOT WRITE IN THIS SPACE red office or registered agent, or both, in the State of Florida. I am familiar with, and accept		
SIGNATURE		.e-		NAME OF THE PROPERTY OF THE PR	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE, Register	ed Agent sonature required	(when (einstating)	DATE
Fi D	ling Fee is \$50.00 ue by May 1, 2004		y <del>T</del> ool away s	ال المنافعة	
9.	MANAGING MEMBE	RS/MANAGERS			,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNCHASE AMERICAN, LTD. 1700 ABBEY PL, SUITE 111 CHARLOTTE, NC 28209	Print F. Latt. William Land View Land View		U00000 ————————————————————————————————	033451 80040-014 50.00
NAME STREET ADDRESS CITY-ST-ZIP		_			waxe waxe waxe
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT W	
NAME			1	IN THIS SP	ACE

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
STREET ADDRESS
CITY-ST-ZIP

TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-21.04

704-522.045 Daysme Phone #