2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# M01000001387

Entity Name: MACQUARIE COUNTRYWIDE-REGENCY, LLC

Current Principal Place of Business:

121 W. FORSYTH STREET
SUITE 200
JACKSONVILLE, FL 32202

New Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 322025019

Current Mailing Address:

121 W. FORSYTH STREET
SUITE 200
JACKSONVILLE, FL 32202

New Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 322025019

FEI Number: 59-3723923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: REGENCY CENTERS, L.P, .
Address: 121 W. FORSYTH STREET - SUITE 200
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: REGENCY CENTERS, L.P, .
Address: ONE INDEPENDENT DRIVE SUITE 114
City-St-Zip: JACKSONVILLE, FL 322025019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KATHY D. MILLER VP 07/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date