

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001387

FILED
Apr 28, 2008
Secretary of State

Entity Name: MACQUARIE COUNTRYWIDE-REGENCY, LLC

Current Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 322025019

New Principal Place of Business:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 322025019 US

Current Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 322025019

New Mailing Address:

ONE INDEPENDENT DRIVE
SUITE 114
JACKSONVILLE, FL 322025019 US

FEI Number: 59-3723923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: ONE INDEPENDENT DRIVE SUITE 114
City-St-Zip: JACKSONVILLE, FL 322025019

ADDITIONS/CHANGES:

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

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

04/28/2008

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