

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005881

**FILED**  
**Apr 17, 2007**  
**Secretary of State**

**Entity Name:** BARTRAM PARK CENTER, LLC

**Current Principal Place of Business:**

121 WEST FORSYTH STREET, SUITE 200  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 322025019

**Current Mailing Address:**

121 WEST FORSYTH STREET, SUITE 200  
JACKSONVILLE, FL 32202

**New Mailing Address:**

ONE INDEPENDENT DRIVE  
SUITE 114  
JACKSONVILLE, FL 322025019

FEI Number: 20-3640453

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: 121 WEST 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 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

04/17/2007

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