REGENCY REALTY COLORADO, INC. DI HAY 23 PM 1: 13 SECHETARY OF STATE TALLAHASSEE FLORIDA AMBIERD Address 20 LAURA STREET JACKSONWILE FL 2002 2 Principal Pace of Business 3. Mailing Address Suite, Act 4, sec. City 6 State City 7 State City 6 State City 6 State City 7 State City 8	DOCU	MENT # P00000		UNI (UBI	·	
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Sq. August Sq.	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
Country Country Country Country St. Confidence of Status Desired \$8.75 And Street Required Street Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)	City & State City & State			4. FEI Number Applied For Not Applicable		
F&L CORP. 200 LAURA STREET JACKSONVILLE FL 32202 City FL Zip Code 8. 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 9. This corporation is eligible to satisfy its Immangible Pax fling requirement and elects to do so. After MAY 1, 2001 Fee will be \$55,00	Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additional	
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Curren	nt Registered Agent		7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 8. 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 Signature, hored or printed name of registered agent and tool it applicable. 9. This corporation is eligible to satisfy its Interruptive Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$\$50,00 Turs Fund Contribution. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Make Check Payable to Department of State 14. OFFICERS AND DIRECTORS 15. OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. Added to Fe STEIN, MARTIN E. JR. STEIN, MARTIN E. JR. AVP Dean, Kathy 12. West Forsyth Street, Suite 200 Jacksonville, FL 32202 TITLE NAME FILA, MARY LOU 21 WEST FORSYTH STREET SUITE 200 JACKSONVILLE FL 32202 TITLE D ACKSONVILLE FL 32202 TITLE D	200 LAURA STREET			Name		
8. 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 Signature Incidence of registered agent and size if applicable. (ACPE Registered Agent signature required when remaining)				Street Ad	dress (P.O. Box Number is Not Acceptable)	
8. 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 9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Added to Fe International State 13. OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Added to Fe International State 16. AVP 17. OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Added to Fe International State 18. AVP 18. Deale International State 19.	01101			City	Zip Code	
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9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 TITLE 13. OFFICERS AND DIRECTORS 14. AVP 15. DEVELOPMENT OF STEIN, MARTIN E JR 16. STEIN, MARTIN E JR 17. STEIN, MARTIN E JR 18. AVP 18. Dean, Kathy 19. Dean, Kathy	SIGNATURE	Signature, lyoed or printed name of registered age	nt and title if applicable. (NC	DTE: Registered Agent signatur	a required when reinstating) DATE	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes, I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(iii), Florida Statutes, I further certify that the information supplied with this filing does not provide the section of the sect		certify that the information supplied wit	h this filing does not qualify for		d in Section 119.07(3)(i). Florida Statutes. I further certify that the information	

SIGNATURE: FULL SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DI

Kathy Dean, AVP

April 10, 2001

904-598-7471

Daytime Phone #