

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000004411

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC9772690553**

**Entity Name:** BRIXMOR/IA REGENCY PARK SC, LLC

**Current Principal Place of Business:**

420 LEXINGTON AVE., 7TH FLOOR  
NEW YORK, NY 10170

**Current Mailing Address:**

420 LEXINGTON AVE., 7TH FLOOR  
NEW YORK, NY 10170

**FEI Number:** 26-0475320

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name BRIXMOR/IA JV POOL C, LLC  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170

Title CEO  
Name CARROLL, MICHAEL  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170

Title CFO/PRESIDENT  
Name PAPPAGALLO, MICHAEL V  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170

Title EVP/GC/SECRETARY  
Name SIEGEL, STEVEN  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170

Title EVP/CAO/TREASURER  
Name SPLAIN, STEVEN  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170

Title EVP  
Name BRUCE, TIMOTHY  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170

Title EVP/PRESIDENT-SOUTH REGION  
Name WORLEY, MARK  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170

Title EVP  
Name CARVER, CHARLIE  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170

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*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN SIEGEL

**AUTHORIZED PERSON**

**04/30/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name JAMBOIS, ROBERT  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170

Title ASSISTANT SECRETARY  
Name BISHOP, CHRISTOPHER  
Address 420 LEXINGTON AVE., 7TH FLOOR  
City-State-Zip: NEW YORK NY 10170