

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A95000000507

1. Entity Name
WELLINGTON MGROUP LTD.



FILED

04 JAN 26 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01082004 Chg-LP CR2E003 (10/03)

4. FEI Number
13-3840359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AXELROD, ALAN D P.A.
C/O BILZIN SUMBERG DUNN & AXELROD, LLP
2500 FIRST UNION FINANCIAL CENTER
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$0.00**

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	P95000017670
NAME	WELLINGTON MGP CORP.
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR
CITY-ST-ZIP	PROVIDENCE, RI 02903

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500027620995
01/26/04--01091--008 **141.25

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

14. 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 indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Norman G. Orodener*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Norman G. Orodener, Secretary

1/20/04 **401-456-1333**
Date Daytime Phone #

STAPLE CHECK HERE