## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

STAPLE CHECK HERE

C/O SOUTHEAST CENTERS 1541 SUNSET DR., SUITE 300 CORAL GABLES, FL 33143  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  Country  Cou	DOCUMENT # A9500000507  1. Entity Name WELLINGTON MGROUP LTD.			Name of the last o		j			
Suite, Apr. 9, etc.  City & State  A. FEI Number  13-3840359  A. Corditional of Status Desired  Far Required  A. FEI Number  13-3840359  A. Corditional of Status Desired  Far Required  Far Required  R. A. FEI Number  In Applied For  Name  8. Corditional of Status Desired  Far Required  Far Requi	Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DR., SUITE 300 CORAL GABLES, FL 33143		C/O NORMAN G. ORODENKER 10 WEYBOSSET STREET, 10TH F		.OOR	TALLAHASSEI		, FLORIDA	
City & State  A FER Number  13-3840359  Ros Applicable of Nos Applicable  See The Applicable  A KELROD, ALAN D.P.A.  CO BILZIN SUMBERG DUNN & AXELROD, LLP  2500 FIRST UNION FINANCIAL CENTER  MIMAMI, FL. 331  City  FL. Zip Code  8. The above a named entity automits 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  Signata, types to primit from all registered agent.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: Cleaned Partners MAY NOT be changed on the form, an amendment must be filled to change a general partner.  A CODENCY TO BE COMMON TO BE CANADOR OF THE ADDRESS OTH-ST-2P  WELLINGTON MOP CORP.  WILLINGTON MOP CORP.  WILLINGTON MOP CORP.  WILLINGTON MOP CORP.  WILLINGTON MOP CORP.  WING MINE ADDRESS CHANGES	2. Principal Place of Business		3. Mailing Address						
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S. Contributions S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE 9. Capital Contributions 10. Amount of Capital Contributions 10. AGENTAL 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 13. ADDRESS CHANGES ONLY WELLINGTON MGP CORP SHORMAN GO GORDENKER/10 WEYBOSSET ST. 10FLR OTH-ST-2P PROVIDENCE, RI 02303  STRET ADDRESS OTH-ST-2P  DOLLMENT / NIME	City & State		City & State			<del> </del>			
AXELROD, ALAN D P.A. C/O BILZIN SUMBERG DUNN & AXELROD, LLP 250 OF IRST UNION FINANCIAL CENTER  MIAMI, FL 33131  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  9. Capital Contributions as Shown on record  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  13. ADDRESS CHANGES ONLY  ODUMENT / PROVIDENCE, RI 02903  STREET AUDRESS  CITY-ST-2P  DODAMENT / INME  STREET AUDRESS  CITY-ST-2P  DOCAMENT / INME  STREET AUDRESS  CITY-ST-2P  STREET AUDRESS  CITY-ST-	Zip Cou	untry	Zip	Country		5. Certificate of	of Status Desired		
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City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggations of registered agent.  Signature, lyear or protections of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggation of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggs agent.  Signature, lyead or protections of registered agent, or both, in the State of Florida. I am familiar with, and accept the chiggs agent.  DATE:  9. Capital Contributions in FLORIDA or Capita	AXELROD, ALAN D.P.A. C/O BILZIN SUMBERG DUNN & AXELROD, LLP				Street Address (P.O. Box Number is Not Acceptable)				
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14. I hereby certify that the information supplied with this illing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this export in true and accurate and first 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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes				CITY-ST-	- ZIP				
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone 4  Norman G. Orodenker, Secretary									