

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000000507

1. Entity Name
WELLINGTON MGROUP LTD.



Principal Place of Business
**C/O SOUTHEAST CENTERS
1541 SUNSET DR., SUITE 300
CORAL GABLES, FL 33143**

Mailing Address
**C/O NORMAN G. ORODENKER
10 WEYBOSSET STREET, 10TH FLOOR
PROVIDENCE, RI 02903**



01122006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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.

00000399709
02/01/06 80024-022 500.00
DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: By

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/13/06 401-456-1200

Date

Daytime Phone #

Norman G. Orodener, Secretary

STAPLE CHECK HERE