


2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007

**FILED**  
**Mar 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A95000000507</b>	
1. Entity Name <b>WELLINGTON MGROUP LTD.</b>	

Principal Place of Business <b>C/O SOUTHEAST CENTERS 1541 SUNSET DR., SUITE 300 CORAL GABLES, FL 33143</b>	Mailing Address <b>C/O NORMAN G. ORODENKER 10 WEYBOSSET STREET, 10TH FLOOR PROVIDENCE, RI 02903</b>
---	--

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>13-3840359</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>AXELROD, ALAN D P.A. C/O BILZIN SUMBERG DUNN &amp; AXELROD, LLP 2500 FIRST UNION FINANCIAL CENTER MIAMI, FL 33131</b>		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P95000017670	STREET ADDRESS	
NAME	WELLINGTON MGP CORP.	CITY-ST-ZIP	
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR		
CITY-ST-ZIP	PROVIDENCE, RI 02903		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

U000000680799  
04/04/07-80014-028 500.00

STAPLE CHECK HERE

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:** Wellington MGP Corp.  
By Norman G. Orodener  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/6/07 401-456-1333  
Date Daytime Phone #

Norman G. Orodener, Secretary