2003 LIMITED PARTNERSHIP UBR)

UNITURIN	BUSINESS REPURI	Į
DOCUMENT #	A95000000507	

1. Entity Name WELLINGTON MGROUP LTD.

3. Mailing Address



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

2. Principal Place of Business

Mailing Address NORMAN ORODENKER TILLINGHAST LICHT PERKINS SMITH & COHEN LLP/10 WEYBOSSET ST 10TH FL PROVIDENCE FL 02903

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Zip Country Zip Country 5. Certificate of Status Desired Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Dott: City	Suite, Apt. #, etc. Suite, Apt. #, etc.				DUE BY MAY 1, 2003				
Solid Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required	City & State City & State				4. FEI Number	4. FEI Number 13-3840359			ed For
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 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. Lam familiar with, and as the obligations of registered agent. SIGNATURE 9. Capital Contributions of registered agent and use in applicable. DATE 9. Capital Contributions as Shown or record. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filled to change a general partner. CITY-SI-ZIP P95000017870 WELINGTON MGP CORP. SIRRET ADDRESS CITY-SI-ZIP CITY-SI-ZIP DOCUMENT I NAME SIRRET ADDRESS CITY-SI-ZIP DOCUMENT I SIRRET ADDRESS CITY-SI-ZIP DOCUMENT I NAME SIRRET ADDRESS CITY-SI									pplicable
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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 acquirate and that my signate shall have the same legal effect as if made under oath; that I am a General Partner of the limited partners.	14. I hereby certify that th	e information supplied with this fi	ling does not qualify for the	he exemption stated in	Section 119.07(3)(i).	Florida Statutes. I	further certify	that the infor	mation

as Equirad by Chapter 620, Florida Statutes

SIGNATURE: By:

1/13/03

401-456-1200, x333

Daytime Phone #