

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 JAN 26 PM 1:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000000510



1. Entity Name
 REGENCY MGROUP LTD.

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

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



2. Principal Place of Business

3. Mailing Address

01082004 Chg-LP CR2E003 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
 13-3840577

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. \$1,565,497.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000017677
 NAME REGENCY MGP CORP.
 STREET ADDRESS %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR
 CITY-ST-ZIP PROVIDENCE, RI 02903

STREET ADDRESS
 100027621841
 CITY-ST-ZIP 01/26/04--01091--020 **\$26.25

DOCUMENT #
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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

BY *Norman G. Orodenker*
 SIGNATURE

1/20/04

401-456-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Norman G. Orodenker, Secretary

STAPLE CHECK HERE