


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

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 PE SMITH & COHEN, LLP/10 WEYBOSSET ST 10 PROVIDENCE RI 02903		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-3840577	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
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		STREET ADDRESS		
NAME	REGENCY MGP CORP.		CITY- ST- ZIP		
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR				
CITY- ST- ZIP	PROVIDENCE RI 02903				
DOCUMENT #			STREET ADDRESS	1107100239219	
NAME			CITY- ST- ZIP	02/22/05 00034 004 526.25	
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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 the receiver or trustee empowered to file this report as required by Chapter 620, Florida Statutes

SIGNATURE  **DATE** 2/1/05 **DAYTIME PHONE #** 401-456-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE