
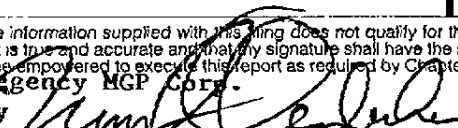


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 24, 2006 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 PERKINS SMITH & COHEN, LLP/10 WEYBOSSET ST 10TH FL PROVIDENCE, RI 02903	
2. Principal Place of Business		3. Chg. Name Norman Orodenker/ Tillinghast Licht LLP	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 10 Weybosset Street, 10th Fl	
City & State		City & State Providence, RI	
Zip		Zip 02903	
Country		Country	
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 1/13/06 02:01:06-80024-004 500.00	
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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000017677 REGENCY MGP CORP. : %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR PROVIDENCE, RI 02903 :	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
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 		Date 1/13/06 Daytime Phone # 401-456-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Norman G. Orodenker, Secretary			



STAPLE CHECK HERE