

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR -5 AM 9:46

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 - No P.O. Box #

3. Mailing Address Norman G. Orodenker
Tillinghast Licht LLP
Suite, Apt. #, etc.
10 Weybosset Street, 10th FL

Suite, Apt. #, etc.

City & State

City & State

Providence, RI

02052007

Chg-LP

CR2E003 (12/06)

4. FEI Number

13-3840577

Applied F

Not Applic

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 partners or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: By Norman G. Orodenker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/6/07 401-456-1333

Date

Daytime Phone #

STAPLE CHECK HERE