
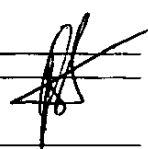
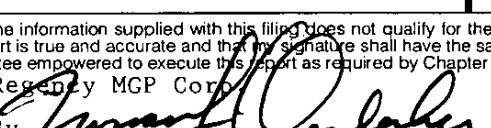


2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007

FILED

2007 APR -5 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A95000000510</b>			
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 LICHT 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. Orodanker Tillinghast Licht LLP Suite, Apt. #, etc. 10 Weybosset Street, 10th FL	
Suite, Apt. #, etc.		02052007 Chg-LP CR2E003 (12/06)	
City & State		4. FEI Number 13-3840577	
City & State Providence, RI		Applied For Not Applicable	
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
02903	USA		
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	
Signature, typed or printed name of registered agent and title if applicable.			
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		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	000096507060
NAME		CITY-ST-ZIP	04/11/07--01038--023 **500.00
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DOCUMENT #		STREET ADDRESS	
NAME		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 		2/6/07 401-456-1333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE