

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020990
FP

DOCUMENT # **A95000000510**



1. Entity Name
REGENCY MGROUP LTD.

FILED

2003 FEB -4 PM 12: 28

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

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
**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 (R.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.

9. Capital Contributions as Shown on record. **\$1,565,497.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P95000017677 REGENCY MGP CORP. %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR PROVIDENCE RI 02903
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600010387226 01/21/03--01051--022 **437.50
CITY-ST-ZIP	
STREET ADDRESS	600010387226 02/04/03--01088--004 **38.75
CITY-ST-ZIP	
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CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (10/02)

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

Signature: **Regency MGP Corp.**
[Handwritten Signature]

1/13/03 401-456-1200, x 333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #