2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER NORMAN G. OROGENKEY, Secretary

DOCUMENT # A9500000511					٥		$\neg Q$	j
PLANTATION MGROUP LTD.					FILED V			
Principal Place of Business Mailing Address				01 MAR -5 PM 1:08			· 08	
C/O SOUTHEAST CENTERS 1541 SUNSET DR., SUITE 300 CORAL GABLES FL 33143		NORMAN ORODENKER/TILLINGHAST LICHT PERKINS SMITH & COHEN LLP/10 WEYBOSSET ST 10TH FL PROVIDENCE RI 02903			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #,/etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number	13-3840576	Applied For Not Applicable	θ
Zip Country		Zip Country		5. Certificate of	f Status Desired	\$8.75 Additional Fee Required		
 	6. Name and Address of Current F	l l Registered Agent			7. Name and A	ddress of New Register		_
				Name				
AXELROD, ALAN D C/O BILZIN SUMBERG DUNN & AXELROD LLP				Street Address (I	ess (P.O. Box Number is Not Acceptable)			
2500 FIRST UNION FINANCIAL CENTER								
MIAMI FL 33131				City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or register	ed agent, or both,	in the State of Florida.		٦
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Posietora	d Agent signature required	urbon coinstation)	DA		
9. Capital Co as Shown	ntributions en one con on	10. Amount of Capita in FLORIDA to da	I Contri		wilding)	11. MAKE CHECK PAYA		
	A GENERAL PARTNER TO NOTE: General Partners MA							
12.	GENERAL PARTNER		13.	, ,		ADDRESS CHANGES		
	PLANTATION MGP CORP. 156 WEST 56TH ST., 12TH FLOOR			EET ADDRESS				
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14. I hereby of indicated the receiv	ertify that the information supplied with on this report is true and acqurate and it er or trustee empowered to execute this	this filing does not qualify for hat my signature shall have the report as required by Chapte	the exe he same er 620, I	mption stated in Se e legal effect as if m Florida Statutes	ction 119.07(3)(i), nade under oath; t	Florida Statutes. I further hat I am a General Partne	certify that the information r of the limited partnership of	or

2/6/01 Date

401-456-1200

Daytime Phone #