




2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000000511 1. Entity Name PLANTATION MGROUP LTD.					
Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DR., SUITE 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. Managing Member d/a Norman Orodenker/ Tillinghast Licht LLP Suite, Apt. #, etc. 10 Weybosset Street, 10th Fl			
City & State Providence, RI		City & State Providence, RI			
Zip 02903		Zip 02903			
4. FEI Number 13-3840576			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			01112006 Chg-LP CR2E003 (11/05)		
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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 #	P95000017880		STREET ADDRESS		
NAME	PLANTATION MGP CORP.		CITY-ST-ZIP		
STREET ADDRESS	% 10 WEYBOSSET STREET, 10TH FLOOR		CITY-ST-ZIP		
CITY-ST-ZIP	PROVIDENCE, RI 02903		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
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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 			1/13/06 401-456-1200		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Norman G. Orodenker, Secretary			Date Daytime Phone #		

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