

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

FILED
Feb 22, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000000512			
1. Entity Name WOODS MGROUP LTD.			
Principal Place of Business C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 300 CORAL GABLES FL 33143		Mailing Address TILLINGHAST LIGHT PERKINS SMITH & COH %NORMAN ORODENKER/10 WEYBOSSET ST 10T PROVIDENCE FL 02903	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number 13-3840364		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AXELROD, ALAN D P.A. C/O BILZIN SUMBERG DUNN & AXELROD LLP 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131-2336		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
9. Capital Contributions as Shown on record. \$3,876,819.00	10. Amount of Capital Contributions in FLORIDA to date.	

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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 # P95000017665	NAME WOODS MGP CORP.	STREET ADDRESS	
STREET ADDRESS %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR	CITY- ST- ZIP PROVIDENCE RI 02903	CITY- ST- ZIP	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the receiver or trustee authorized to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
NORMAN G ORODENKER

2/1/05

Date

401-456-120

Daytime Phone if

STAPLE CHECK HERE