

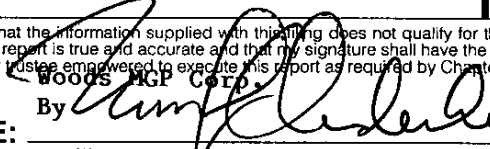


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A95000000512						SEC. OF STATE DIVISION OF CORPORATIONS 06 FEB 20 AM 8:49	
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 & COHEN LP %NORMAN ORODENKER/10 WEYBOSSET ST 10TH FLR PROVIDENCE, FL 02903							
2. Principal Place of Business		3. Norman Orodenker/ Tillinghast Licht LLP		4. FEI Number 13-3840364		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. 10 Weybosset Street, 10th Fl		City & State Providence, RI		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Chg-LP CR2E003 (11/05)	
Zip 02903		Country		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 <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 _____ DATE _____ <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 #	P95000017665			STREET ADDRESS			
NAME	WOODS MGP CORP.			CITY-ST-ZIP			
STREET ADDRESS	%NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR			STREET ADDRESS			
CITY-ST-ZIP	PROVIDENCE, RI 02903			CITY-ST-ZIP			
DOCUMENT #				STREET ADDRESS			
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STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes				By 			
SIGNATURE:				1/13/06		401-456-1200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Norman G. Orodenker, Secretary				Date		Daytime Phone #	

STAPLE CHECK HERE