

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020829
FP

10246

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB -4 PM 4:01



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 & COHEN LP
%NORMAN ORODENKER/10 WEYBOSSET ST 10TH FLR
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

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

AXELROD, ALAN D P.A.
C/O BILZIN-SUMBERG DUNN & AXELROD-LLP
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131-2336

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. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P95000017665
NAME WOODS MGP CORP.
STREET ADDRESS %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR
CITY-ST-ZIP PROVIDENCE RI 02903

STREET ADDRESS

CITY-ST-ZIP

000010386780
01/21/03--01051--006 **437.50

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STREET ADDRESS

CITY-ST-ZIP

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

Woods MGP Corp.

SIGNATURE: By: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE