

2000 UNIFORM BUSINESS REPORT (UBR)

0002851 AF

DOCUMENT # **A95000000516**

1. Entity Name

SHENANDOAH MGROUP LTD.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -9 AM 11:02

Principal Place of Business

C/O SOUTHEAST CENTERS
1541 SUNSET DR., STE. 30
CORAL GABLES FL 33143

Mailing Address

ATTN: ROBERT MICHAELSON
156 WEST 56TH ST., 12TH FLOOR
NEW YORK NY 10019



2. Principal Place of Business

3. Mailing Address **Norman G. Orodancker
c/o Tillinghast, Light Perkins
Smith & Cohen, LLP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10 Weybosset St., 10th Fl.

City & State

City & State

Providence, RI

4. FEI Number

13-3840579

Applied For

Not Applicable

Zip

Country

Zip

Country

02903

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AXELROD, ALAN D
C/O BILZIN SUMBERG DUNN & AXELROD LLP
2500 FIRST UNION FINANCIAL CENTER
MIAMI FL 33131**

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.

N/A

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record

\$1,799,066.00

10. Amount of Capital Contributions
in FLORIDA to date

11. MAKE CHECK PAYABLE TO 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 # **P95000017672**
NAME **SHENANDOAH MGP CORP.**
STREET ADDRESS **156 WEST 56TH ST., 12TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10019**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**800003429108--0
-10/18/00--01085--032
****926.25 ****926.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(a), 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.

Shenandoah MGP Corp.

SIGNATURE: By **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Norman G. Orodancker 9/11/00 401-456-1200

Secretary

Date

Daytime Phone #

CR2E003 (5/00)