

# 2002 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A95000000516**

1. Entity Name  
**SHENANDOAH MGROUP LTD.**

**FILED**

**02 JAN 28 PM 9:30**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



Principal Place of Business  
**C/O SOUTHEAST CENTERS  
1541 SUNSET DR., STE. 30  
CORAL GABLES FL 33143**

Mailing Address  
**TILLINGHAST LICHT PERKINS SMITH & COHEN LP  
%NORMAN ORODENKER, 10 WEYBOSSET ST. 10 FLR  
PROVIDENCE FL 02903**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **13-3840579**  
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  
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 **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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	
DOCUMENT #	<b>P95000017672</b>
NAME	<b>SHENANDOAH MGP CORP.</b>
STREET ADDRESS	<b>%NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR</b>
CITY-ST-ZIP	<b>PROVIDENCE RI 02903</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400004850364--9</b>
CITY-ST-ZIP	<b>01/31/02--01038--009</b>
STREET ADDRESS	<b>***526.25 ***526.25</b>
CITY-ST-ZIP	
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)(l), 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 209, Florida Statutes.

SIGNATURE: **NORMAN G. ORODENKER** DATE: **1/4/02** DAYTIME PHONE: **401-956-1200**

CR2E003 (9/01)