

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004


FILED

04 JAN 26 PM 1:38

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A95000000516

1. Entity Name
 SHENANDOAH MGROUP LTD.



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

01082004 Chg-LP CR2E003 (10/03)

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. I am familiar with, and accept the obligations of registered agent.

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

200027621752
 01/26/04--01091--019 **\$26.25

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

By *Norman G. Orodenker*
SIGNATURE
 Norman G. Orodenker, Secretary

1/20/04 401-456-1333
 Date Daytime Phone #

STAPLE CHECK HERE