


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A95000000516</b>		
1. Entity Name <b>SHENANDOAH MGROUP LTD.</b>		

Principal Place of Business <b>C/O SOUTHEAST CENTERS 1541 SUNSET DR., STE. 30 CORAL GABLES FL 33143</b>	Mailing Address <b>TILLINGHAST LIGHT PERKINS SMITH &amp; COH %NORMAN ORODENKER, 10 WEYBOSSET ST. 1 PROVIDENCE FL 02903</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)


4. FEI Number <b>13-3840579</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>AXELROD, ALAN D C/O BILZIN SUMBERG DUNN &amp; AXELROD LLP 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. <b>\$1,799,066.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	

**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P95000017672 SHENANDOAH MGP CORP. %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR PROVIDENCE RI 02903</b>	STREET ADDRESS	
		CITY - ST - ZIP	
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02/22/05-80034-003 526.25

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 the receiver or trustee employed by the partnership for as in Chapter 20, Florida Statutes	
SIGNATURE: 	Date: <b>2/1/05</b> Daytime Phone: <b>401-956-1200</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>NORMAN G ORODENKER</b>	

STAPLE CHECK HERE