


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

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

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 LIGHT PERKINS SMITH & COH %NORMAN ORODENKER, 10 WEYBOSSET ST. 1 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	4. FEI Number 13-3840579 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required		



1ST MOORE CR2E003 (10/04)

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 _____

9. Capital Contributions as Shown on record. **\$1,799,066.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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	P95000017672 SHENANDOAH MGP CORP. %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR PROVIDENCE RI 02903	STREET ADDRESS	
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02/22/05-80034-003 526.25

STAPLE CHECK HERE

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 State of Florida as required by Chapter 20, Florida Statutes

SIGNATURE: *[Signature]* DATE: **2/1/05** PHONE: **401-956-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER