

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 27, 2007 08:00 A
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 & COHEN LP
%NORMAN ORODENKER, 10 WEYBOSSET ST. 10 FLR
PROVIDENCE, FL 02903

2. Principal Place of Business - No P.O. Box #

3. Mailing Address Norman G. Orodenker
Tillinghast Licht LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

13-3840579

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 %NORMAN G ORODENKER/10 WEYBOSSET ST. 10FLR
CITY-ST-ZIP PROVIDENCE, RI 02903

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE: By

Norman G. Orodenker
Norman G. Orodenker, Secretary

2/6/07

Date

401-456-1333

Daytime Phone #

STAPLE CHECK HERE