


2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007

**FILED**  
**Mar 27, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # A9500000516  
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. 10FLR  
PROVIDENCE, FL 02903

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Norman G. Orodener  
Tillinghast Licht LLP  
Suite, Apt. #, etc.

City & State


City & State

Zip

Country

Zip

Country



01042007 Chg-LP CR2E003 (12/06)

4. FEI Number  
13-3840579

Applied For	Not Applicable
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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.

**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

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

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	04/04/07-80014-027 500.00
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

STAPLE CHECK HERE

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. Orodener* 2/6/07 401-456-1333  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #  
Norman G. Orodener, Secretary