


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

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # A01000001514 1. Entity Name THE CENTRE AT WELLINGTON GREEN, LTD.	
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Principal Place of Business 616 EAST ATLANTIC AVE. DELRAY BEACH FL 33483	Mailing Address 616 EAST ATLANTIC AVE. DELRAY BEACH FL 33483
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country
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1ST MOORE CR2E003 (10/04)

4. FEI Number **65-1146822** ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KRALL, MARK L
616 EAST ATLANTIC AVE.
DELRAY BEACH FL 33483

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. \$990.00	10. Amount of Capital Contributions in FLORIDA to date
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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	
DOCUMENT #	P00000071774
NAME	CENTRE-W.G., INC.
STREET ADDRESS	616 EAST ATLANTIC AVE.
CITY-ST-ZIP	DELRAY BEACH FL 33483
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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DOCUMENT #	
NAME	
STREET ADDRESS	
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	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

U00000196877
01/26/05-80086-028 141.25

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 empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *Robert R. Richard Gertz* / 1/26/05 561-776-740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date: Daytime Phone #