
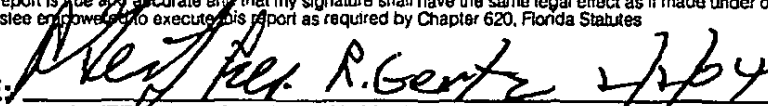


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

| | | | |
|--|--|--|--|
| DOCUMENT # A03000000860 | |  | |
| 1. Entity Name THE PLAZA AT WELLINGTON GREEN, LTD. | | | |
| Principal Place of Business 616 E. ATLANTIC AVENUE DELRAY BEACH FL 33483 | | Mailing Address 616 E. ATLANTIC AVENUE DELRAY BEACH FL 33483 | |
| 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 20049046 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KRALL, MARK L 616 E. ATLANTIC AVENUE 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 _____ <small>Signature typed or printed name of registered agent and file if applicable</small> | | | |
| 9. Capital Contributions as Shown on record. \$1,188.00 | | 10. Amount of Capital Contributions in FLORIDA to date. | |
| 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | | |
| 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 | P03000028083 PLAZA -WG, INC. 616 E. ATLANTIC AVENUE DELRAY BEACH FL 33483 | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | 1000000070532 02/28/04-80026-004 141.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
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| 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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. | | | |
| SIGNATURE:  | | 561-276-7424 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date Daytime Phone # | |

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SECURE MAIL OF FLORIDA
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

STAPLE CHECK HERE