2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 19 AM 9:39

DOCUMENT # A01000001514

1. Entity Name
THE CENTRE AT WELLINGTON GREEN, LLLP

Principal Place of Business	Mailing Address
616 EAST ATLANTIC AVE. DELRAY BEACH, FL 33483	616 EAST ATLANTIC AVE. DELRAY BEACH, FL 33483

01132007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2515 S.R. 7		2515 S.R. 7	
Suite, Apt. #, etc.: #230		Suite, Apt. #, etc.: #230	
City & State: Wellington, FL		City & State: Wellington, FL	
Zip: 33414	Country: USA	Zip: 33414	Country: USA

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.

500085840345
01/23/07--01017--035 **500.00

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 #	P00000071774	STREET ADDRESS	2515 S.R. 7, #230
NAME	CENTRE-W.G., INC.		
STREET ADDRESS	616 EAST ATLANTIC AVE.	CITY-ST-ZIP	Wellington, FL 33414
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME			
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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: [signature] VP CENTRE-W.G., Inc. 1/12/07 954 410 1838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #