# 2007 LIMITED PARTNERSHIP ANNUAL REPORT
**Due By May 1, 2007**

**FILED**
**Apr 20, 2007 08:00 AM**
**Secretary of State**

DOCUMENT # A02000001156

1. Entity Name
PRESTON RIDGE CENTRE, LTD.

| Principal Place of Business | Mailing Address |
|---|---|
| % ESTEIN & ASSOCIATES USA LTD.<br>5211 INTERNATIONAL DRIVE<br>ORLANDO, FL 32819 | % ESTEIN & ASSOCIATES USA LTD.<br>5211 INTERNATIONAL DRIVE<br>ORLANDO, FL 32819 |

04162007 No Chg-LP CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
51-0417994
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VEGOSEN, DEAN
515 NORTH FLAGLER DRIVE, 18TH FLOOR
WEST PALM BEACH, FL 33401

**DO NOT WRITE IN THIS SPACE**

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 # | L02000016275 |
| NAME | WELP DALLAS, L.C. |
| STREET ADDRESS | % 5211 INTERNATIONAL DRIVE |
| CITY-ST-ZIP | ORLANDO, FL 32819 |
| DOCUMENT # | |
| NAME | |
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**DO NOT WRITE IN THIS SPACE**

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:** _____ 4/17/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #