

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:08

**DOCUMENT # A03000000860**

1. Entity Name  
**THE PLAZA AT WELLINGTON GREEN, LLLP**



Principal Place of Business 2515 SR 7 SUITE 230 WELLINGTON, FL 33414	Mailing Address 2515 SR 7 SUITE 230 WELLINGTON, FL 33414
---	---



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

02012008      Chg-LP      CR2E003 (12/06)

4. FEI Number <b>20-0049046</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired      ☐ **\$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 <b>Marc Stanley</b>
Street Address (P.O. Box Number is Not Acceptable) <b>2515 SR 7, Suite 230</b>
City      State      Zip Code <b>Wellington      FL      33414</b>

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

*[Signature]*  
 Signature, typed or printed name of registered agent and title if applicable.

*[Signature]*  
 DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	<b>P03000028083</b>
NAME	<b>PLAZA -WG, INC.</b>
STREET ADDRESS	<b>7515 SR 7, #230</b>
CITY - ST - ZIP	<b>WELLINGTON, FL 33414</b>

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>700119850857</b>
CITY - ST - ZIP	<b>03/10/08--01064--009 **500.00</b>

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

DOCUMENT #  
 NAME  
 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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*[Signature]* **PLAZA -WG, INC. MARC STANLEY**

**1-12-08**

Date

**954410838**

Daytime Phone #

STAPLE CHECK HERE