

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A04000000848

1. Entity Name  
WELLWORTH PROPERTIES GROUP, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAR -7 AM 10: 01

Principal Place of Business  
2335 N.E. 10TH STREET  
OCALA, FL 34475 US

Mailing Address  
2335 N.E. 10TH STREET  
OCALA, FL 34475 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142005

Chg-LP

CR2E003 (10/03)

4. FEI Number

73-1709142

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENDERSON KEASLER LAW FIRM, P.A.  
4309 PABLO OAKS COURT  
SUITE FIVE  
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

David L. Register

Street Address (P.O. Box Number is Not Acceptable)

Ocala, FL 34475

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

*[Signature]*

DATE

9. Capital Contributions  
as Shown on record.

\$0.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # F04000083327  
NAME WELLWORTH MANAGEMENT, INC.  
STREET ADDRESS 2335 N.E. 10TH STREET  
CITY-STATE-ZIP Ocala, FL 34475

DOCUMENT # mgr  
NAME David L. Register  
STREET ADDRESS 2335 NW 10 St.  
CITY-STATE-ZIP Ocala, FL 34475

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-STATE-ZIP

200048300612  
03/14/05--01062--002 \*\*158.75

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

STREET ADDRESS

CITY-STATE-ZIP

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

*[Signature]*