## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## FILED Feb 23, 2006 08:00 AM Secretary of State

Due By May 1, 2006				Secretary of State	
DOCUMENT # A0400000848					•
WELLWORTH PROPERTIES GROUP, LTD.					
Principal Place		Mailing Address			
2335 N.E. 10 OCALA, FL 34		2335 N.E. 10TH STREET OCALA, FL 34475 US		,	
OWNER, IL 3	4470 03	OUNDA, IC SHI'IS US			#31)) 38))) 88)8) (88) (88) (88)
				01132006 No Chg-LP	CR2E003 (11/05)
DO NOT WRITE IN THIS SPA			ICE	4. FEI Number Applied For 73-1709142 Not Applicable	
				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent			
REGISTER, DAVID L				DO NOT W	RITE
2335 NW 10TH STREET					
OCALA, FL 34475				IN THIS SP	ACE
	named entity submits this statement ions of registered agent.	for the purpose of changing its regist	ered office or register	red agent, or both, in the State of Flor	ida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and bits if expolicable				<del></del>	DATE
FILE NOWIN FEE 15 \$500.00 After May 1, 2006, Fee will be \$900.00					
	A GENERAL PARTNER NOTE: General Partners M	THAT IS A BUSINESS ENTITY AY NOT be changed on the fo	MUST BE REGIST	TERED AND ACTIVE WITH THE of must be filed to change a ge	S OFFICE. neral partner.
12.	GENERAL PARTNI				
OOCUMENT #	F04000083327 WELLWORTH MANAGEMENT.	auri			
STREET ADDRESS	2335 N.E. 10TH STREET	. 1140.			
City-St-Zip	OCALA, FL 34475			มีกักกักัง	142445
GOCUMENT				03/06/06-	143445 9001 <b>0-0</b> 02 508.75
NAME STREET ADDRESS		1			
CITY-ST-21P					
DOCUMENT #					
NAME STREET ADDRESS		•		DO NOT WE	ITE
CITY-ST-ZIP					
DOCUMENT:				IN THIS SPA	4CE
NAME STREET ARRESTOR					
STREET ADDRESS CITY-ST-ZIP		1			
DDCUMENT /	<u> </u>				

14. Thereby certify that the information supplied with the filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes 1 further certify that the information indicated on this report is true and accurate and the my signature shall have the same legal effect as if made under path; that I am a General Partner of the limited partnership or the receiver or trustee employeered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

29-06

152-132-4326

Daytima Phon