

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

DOCUMENT # A05000000201

1. Entity Name

THE PLAZA II AT WELLINGTON GREEN, LLLP



SECRETARY OF STATE
DIVISION OF CORPORATE & STATE AFFAIRS
06 FEB 20 AM 11:10

Principal Place of Business

616 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

Mailing Address

616 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

[Handwritten Signature]



1st MOORE

CR2E003 (10/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRALL, MARK L ESQ.
616 E. ATLANTIC AVE.
DELRAY BEACH FL 33483

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 # P05000004350
NAME PLAZA II-W.G., INC.
STREET ADDRESS 616 E. ATLANTIC AVE.
CITY-ST-ZIP DELRAY BEACH FL 33483

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

300066793903
02/28/06--01014--006 **500.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

[Handwritten Signature]
MARCO D. STARKEN

2/3/06

Date

9744101808

Daytime Phone #

STAPLE CHECK HERE