


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JAN 19 AM 9:39

DOCUMENT # A05000000201	
1. Entity Name THE PLAZA II AT WELLINGTON GREEN, LLLP	

Principal Place of Business 616 E. ATLANTIC AVE. DELRAY BEACH, FL 33483	Mailing Address 616 E. ATLANTIC AVE. DELRAY BEACH, FL 33483
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2. Principal Place of Business - No P.O. Box # 2515 S.R. 7	3. Mailing Address 2515 S.R. 7
Suite, Apt. #, etc. #230	Suite, Apt. #, etc. #230
City & State Wellington, FL	City & State Wellington, FL
Zip 33414	Country USA



01132007 Chg-LP CR2E003 (12/06)

4. FEI Number 20-2220990
 APPLIED FOR
 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent KRALL, MARK L ESQ. 616 E. ATLANTIC AVE. DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

600085840256
 01/23/07--01017--034 **\$500.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000004350	STREET ADDRESS	2515 S.R. 7, #230
NAME	PLAZA II-W.G., INC.	CITY-ST-ZIP	Wellington, FL 33414
STREET ADDRESS	616 E. ATLANTIC AVE.		
CITY-ST-ZIP	DELRAY BEACH, FL 33483		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: Mark L. Krall Plaza II-W.G. Inc. 1/12/07 954 410 1838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #