

**2008 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2008**FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:08

**DOCUMENT # A05000000201**1. Entity Name  
THE PLAZA II 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 &amp; State

City &amp; State

Zip

Country

Zip

Country

02012008

Chg-LP

CR2E003 (12/06)

4. FEI Number  
20-2220990Applied For  
Not Applicable5. 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

Marc Stanley

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

2515 SR 7, Suite 230

City

Wellington

FL

Zip Code

33414

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

2-13-08

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # P05000004350  
NAME PLAZA II-W.G., INC.  
STREET ADDRESS 2515 SR 7, #230  
CITY-ST-ZIP WELLINGTON, FL 33414

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS

CITY-ST-ZIP

700119850027  
03/10/08--01064--002 \*\*\$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

Date

Daytime Phone #

STAPLE CHECK HERE