

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A20561**  
 1. Entity Name  
**WELLINGTON REAL ESTATE FUND #2 LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 00 MAR -3 PM 12:02

Principal Place of Business Mailing Address

2. Principal Place of Business  
**2460 TROUTMAN BLVD**  
 Suite, Apt. #, etc.  
 City & State  
**PALEMBAY, FL**  
 Zip  
**33905** Country

3. Mailing Address  
**5597 TRELIS Lane**  
 Suite, Apt. #, etc.  
 City & State  
**FT. MYERS, FL**  
 Zip  
**33919** Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**59-255 4591**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**Donald J. Southwick**  
**5597 Trelis Lane**  
**FT. MYERS, FL 33919**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **150,000** 10. Amount of Capital Contributions in FLORIDA to date. **150,000** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	<b>MORWICK Properties</b>
NAME	<b>5597 Trelis Lane</b>
STREET ADDRESS	<b>FT. MYERS, FL 33919</b>
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	<b>my 315100</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>600003173026--4</b>
STREET ADDRESS	<b>-03/16/00--01034-018</b>
CITY-ST-ZIP	<b>***526.25 ***526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-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: **Donald J. Southwick** **2/29/2000** **433-2900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)