

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 16 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership **1a. DOCUMENT #**
A22107

WELLINGTON REALTY COMPANY LIMITED PARTNERSHIP

Mailing Address P.O. BOX 1469 MIAMI BEACH FL 33061		Principal Office Address 175 WASHINGTON ST WINCHESTER MA 01890		3. Date Formed or Registered 02/25/1986	5a. Capital Contributions as Shown on record. \$20,000.00
2. Mailing Address		2a. Principal Office Address 1321 NW 13th Ave. Pompano Beach FL 33069		3a. Date of Last Report 09/26/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation MA	5b. Amount of Capital Contributions in FLORIDA to date: 20,000.00 (same)
City & State		City & State Pompano Beach FL		6. FEI Number 04-2707240	
Zip		Zip		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Country		Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
33069		Broward		<input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent AGNETTI, JOHN HOFFMAN LAVID & AGNETTI 909 N MIAMI BEACH BLVD., #201 MIAMI FL 33162-3712	10. If changed, new Registered Agent/Office Name: Edward Kazanjian Street Address (P.O. Box Number is Not Acceptable): 5333 Collins Ave #809 Suite, Apt. #, etc.: #809 City: Miami Beach FL Zip Code: 33140
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of sections 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) [Signature] DATE 10/14/98

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
KAZANJIAN, RICHARD M.	40 CANAL STREET	MEDFORD MA	800002671338--0 -10/23/88--01071-012 ****228.75 ****228.75
KAZANJIAN, EDWARD	40 CANAL STREET	MEDFORD MA	
PURKS, BARBARA K.	40 CANAL STREET	MEDFORD MA	
KAZANJIAN, JOHN JR.	40 CANAL STREET	MEDFORD MA	
KAZANJIAN, ROBERT L.	40 CANAL STREET	MEDFORD MA	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE [Signature] DATE 10/14/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)