

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

Principal Office Address

P.O. BOX 1469
MIAMI BEACH FL 33061

175 WASHINGTON ST
WINCHESTER MA 01890
1321 NW 13th Ave
Pompano Beach
FL 33069

3. Date Formed or Registered

02/25/1986

5a. Capital Contributions as
Shown on record.

\$20,000.00

3a. Date of Last Report

09/26/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

20,000.00 (same)

4. State or Country of Formation

MA

6. FEI Number

04-2707240

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

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.
City Miami Beach FL Zip Code 33140

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)

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

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

800002671338--0
-10/23/98-01071-012
****228.75 ****228.75

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

DATE 10/14/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)