


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

**FILED
May 04, 2004 08:00 AM
Secretary of State**

| | | |
|-------------------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # A23432 | |  |
| 1. Entity Name WELLINGTON ENTERPRISES, LTD. | | |

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|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business 9934 TURF WAY APARTMENT 4 ORLANDO FL 32837 | Mailing Address P.O. BOX 770669 ORLANDO FL 32877-0669 |
|------------------------------------------------------------------------------------------|---------------------------------------------------------------------|



MOORE CR2E003 (11/03)

| | | | |
|--------------------------------|---------|--------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt #, etc | | Suite, Apt #, etc | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|-----------------------------------------|
| 4. FEI Number 59-2723007 | Applied For <input type="checkbox"/> |
| Not Applicable | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|-------------|
| 6. Name and Address of Current Registered Agent HERNANDEZ, JAIME J. 9934 TURF WAY APARTMENT 4 ORLANDO FL 32837 | | 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. 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

| | | |
|---------------------------------------------------------------------|---------------------------------------------------------|--------------------------------------------------------------------------------------|
| 9. Capital Contributions as Shown on record. \$855,000.00 | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO FL. 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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------|---------------------------------------------------|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | J37159 LEXINGTON ENTERPRISES 9934 TURF WAY, APT. 4 ORLANDO FL | STREET ADDRESS | |
| | | CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | U00000159431 05/10/04-80028-019 526.25 |
| | | CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | | STREET ADDRESS | |
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| | | 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: *Jaime J. Hernandez as President of General Partner* April 28/2004 (407) 851-9348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE