



**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

DOCUMENT # A31450 1. Entity Name WELLINGTON MALL, LTD.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 FEB 14 AM 10:15	
Principal Place of Business 675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411				Mailing Address 675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411			
2. Principal Place of Business		3. Mailing Address		 1ST MOORE CR2E003 (10/04)		4. FEI Number 65-0164560 Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
6. Name and Address of Current Registered Agent SANTAMARIA, CHRISTOPHER 675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411				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 <u><i>N/A</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small> DATE _____						11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
9. Capital Contributions as Shown on record. \$950,000.00		10. Amount of Capital Contributions in FLORIDA to date.					
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 # 589080 NAME JESS R SANTAMARIA, INC. STREET ADDRESS 675 ROYAL PALM BCH BLVD CITY-ST-ZIP ROYAL PALM BEACH FL				STREET ADDRESS _____ CITY-ST-ZIP _____			
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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: <u><i>Jess R Santamaria</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				1/19/05 (561) 793-2351 <small>Date Daytime Phone #</small>			

STAPLE CHECK HERE