


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A31450</b> 1. Entity Name <b>WELLINGTON MALL, LTD.</b>					
Principal Place of Business <b>675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411</b>			Mailing Address <b>675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>65-0164560</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>SANTAMARIA, CHRISTOPHER 675 ROYAL PALM BEACH BLVD ROYAL PALM BEACH FL 33411</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>				<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	589080			STREET ADDRESS	
NAME	JESS R SANTAMARIA, INC.			CITY- ST- ZIP	
STREET ADDRESS	675 ROYAL PALM BCH BLVD			STREET ADDRESS	
CITY- ST- ZIP	ROYAL PALM BEACH FL			CITY- ST- ZIP	
DOCUMENT #				STREET ADDRESS	
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1st MOORE CR2E003 (10/05)

Applied For Not Applicable

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

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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DOCUMENT # 40239  
03-02-06 00033-010 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_ DATE: 2/15/06 561-793-2350  
Signature, typed or printed name of signing general partner

STAPLE CHECK HERE