


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

<b>DOCUMENT # A93000000947</b> 1. Entity Name WELLCORP A INVESTORS, LTD.					
Principal Place of Business 1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309			Mailing Address C/O BRENNER REAL ESTATE GROUP 1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309		
2. Principal Place of Business Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02232004 Chg-LP CR2E003 (10/03)	
4. FEI Number <b>65-0436724</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SCHOLTZ, MICHAEL E C/O BRENNER REAL ESTATE GROUP 1500 W. CYPRESS CREEK RD., SUITE 409 FT. LAUDERDALE, FL 33309			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			FL Zip Code		
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. <b>\$1,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date			
<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 #	P93000064450		STREET ADDRESS		
NAME	WELLCORP A EQUITY CORPORATION		CITY - ST - ZIP		
STREET ADDRESS	1500 W. CYPRESS CREEK RD., SUITE 409				
CITY - ST - ZIP	FT. LAUDERDALE, FL 33309				
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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STREET ADDRESS					
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.					
<b>SIGNATURE:</b> <i>Michael E. Scholtz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4/26/04 Date		
			Daytime Phone #		

STAPLE CHECK HERE