

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 18 AM 9:45

**DOCUMENT # A93000000947**

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**

**DO NOT WRITE IN THIS SPACE**



02242006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**65-0436724**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SCHOLTZ, MICHAEL E  
C/O BRENNER REAL ESTATE GROUP  
1500 W. CYPRESS CREEK RD., SUITE 409  
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**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**

DOCUMENT # **P93000064450**  
NAME **WELLCORP A EQUITY CORPORATION**  
STREET ADDRESS **1500 W. CYPRESS CREEK RD., SUITE 409**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33309**

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IN THIS SPACE**

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: by *Michael E. Scholtz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*4/13/06*

Date

Daytime Phone #

STAPLE CHECK HERE