


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

**FILED**

**Feb 28, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # A98000000849</b>	
<b>1. Entity Name</b> WELLINGTON PLACE AT KENSINGTON, LTD.	

<b>Principal Place of Business</b> 4770 ALBERTON COURT, #2602 NAPLES FL 34105	<b>Mailing Address</b> 4770 ALBERTON COURT, #2602 NAPLES FL 34105
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

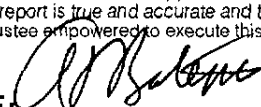
<b>4. FEI Number</b> 59-3505569	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> BATEMAN, ARTHUR L 4770 ALBERTON COURT, #2602 NAPLES FL 34105	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O. Box Number is Not Acceptable) City FL Zip Code
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<b>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.</b> <b>SIGNATURE</b> _____ <b>DATE</b> _____ <small>Signature: typed or printed name of registered agent and title if applicable</small>	<b>11. FILE NOW!!! Due by May 1, 2005.</b> <b>See Block 11 instructions for fee info.</b>
<b>9. Capital Contributions as Shown on record</b> \$1,500,000.00	<b>10. Amount of Capital Contributions in FLORIDA to date.</b> \$1,500,000.00

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000098321	STREET ADDRESS	
NAME	WELLINGTON PLACE AT KENSINGTON, INC.	CITY-ST-ZIP	
STREET ADDRESS	4770 ALBERTON COURT, #2602		
CITY-ST-ZIP	NAPLES FL 34105		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>	
<b>SIGNATURE</b> 	<b>Arthur L. Bateman</b> <b>2-17-05</b> <b>239 430-1012</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	