2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

DOCUMENT # A99000001339

1. Entity Name

WELLINGTON STORAGE LIMITED PARTNERSHIP



Principal Place of Business

8135 LAKE WORTH RD SUITE B

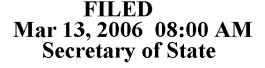
LAKE WORTH, FL 33467

Mailing Address

8135 LAKE WORTH RD

SUITE B

LAKE WORTH, FL 33467





DO NOT WRITE IN THIS SPACE

01112006 No Chg-LP

CR2E003 (11/05)

FEI Number
 65-0948901

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COLMAN, NANCY B ESQ. 150 EAST PALMETTO PARK ROAD SUITE 750 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	QA7E

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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.

- 2) to the contract attitude with the beginning or on the		
1	12.	GENERAL PARINER INFORMATION	
	DOCUMENT # NAME STREET ADDRESS GHY-ST-ZIP	P9900072230 WELLINGTON STORAGE, INC. 8135 LAKE WORTH RD LAKE WORTH, FL 33467	
-	DOCUMENT # HAME STREET ADDRESS CITY-ST-ZIP		
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
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DO NOT WRITE IN THIS SPACE

14. It hereby certify that the information supplied with this filling 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 eath, 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:

OCCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DCCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

3/9/06 561-357-012