

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

**2007 MAR 15 AM 10:35**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



|   |  |
|---|--|
| <b>DOCUMENT # A99000001339</b>                                  |  |
| 1. Entity Name<br><b>WELLINGTON STORAGE LIMITED PARTNERSHIP</b> |  |

|   |   |
|---|---|
| Principal Place of Business<br><b>8135 LAKE WORTH RD<br/>SUITE B<br/>LAKE WORTH, FL 33467</b> | Mailing Address<br><b>8135 LAKE WORTH RD<br/>SUITE B<br/>LAKE WORTH, FL 33467</b> |
|---|---|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

01102007 Chg-LP CR2E003 (12/06)

|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0948901</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br><b>COLMAN, NANCY B ESQ.<br/>150 EAST PALMETTO PARK ROAD<br/>SUITE 750<br/>BOCA RATON, FL 33432</b> | 7. Name and Address of New Registered Agent<br>Name <b>NANCY B. COLMAN ESQ.</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1075 BROKEN SOUND PARKWAY, NE</b><br><b>SUITE 102</b><br>City <b>BOCA RATON</b> FL Zip Code <b>33487</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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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                     |  | 13. ADDRESS CHANGES ONLY |                                      |
|---|--|--------------------------|--------------------------------------|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P99000072230<br>WELLINGTON STORAGE, INC.<br>8135 LAKE WORTH RD<br>LAKE WORTH, FL 33467 | STREET ADDRESS           |                                      |
|   |  | CITY-ST-ZIP              |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           | <b>0000004524250</b>                 |
|   |  | CITY-ST-ZIP              | <b>03/23/07--01053--012 **508.75</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |                                      |
|   |  | CITY-ST-ZIP              |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |                                      |
|   |  | CITY-ST-ZIP              |                                      |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | STREET ADDRESS           |                                      |
|   |  | CITY-ST-ZIP              |                                      |

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:** \_\_\_\_\_ **3/9/07** **561-357-0121**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE