

# **2006 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B98000000719

**FILED**  
**Feb 22, 2006**  
**Secretary of State**

**Entity Name:** WELLS OPERATING PARTNERSHIP, L.P.

**Current Principal Place of Business:**

6200 THE CORNERS PARKWAY  
#250  
NORCROSS, GA 30092

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 926040  
NORCROSS, GA 30010

**New Mailing Address:**

**FEI Number:** 58-2368838

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: F98000007050  
Name: WELLS REAL ESTATE INVESTMENT TRUST, INC.  
Address: 6200 THE CORNERS PARKWAY #250  
City-St-Zip: NORCROSS, GA 30092

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS P. WILLIAMS

EVP

02/22/2006

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date