

2001 UNIFORM BUSINESS REPORT (UBR)

0011492 AF

DOCUMENT # A29807

1. Entity Name

WINDY PINES APARTMENTS, LTD.

FILED
01 FEB 15 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1329 KINGSLEY AVE. SUITE C ORANGE PARK FL 32073	Mailing Address 1329 KINGSLEY AVE. SUITE C ORANGE PARK FL 32073
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3003453	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BHIDE, VASANT P.
1329 KINGSLEY AVE., SUITE C
ORANGE PARK FL 32073**

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$800,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	BHIDE, VASANT P. 13510 MANDARIN RD. JACKSONVILLE FL	STREET ADDRESS	300003746633--8 02/22/01 01004-024 *****526.25 *****526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	BHIDE, CAROL C. 13510 MANDARIN RD. JACKSONVILLE FL	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Vasant P. Bhide*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/13/01
Date

904-264-1919
Daytime Phone #

CR2E003 (11/00)