


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # A29807 1. Entity Name WINDY PINES APARTMENTS, LTD.	
--	---

Principal Place of Business 1329 KINGSLEY AVE., SUITE C ORANGE PARK FL 32073	Mailing Address 1329 KINGSLEY AVE., SUITE C ORANGE PARK FL 32073
--	--

2. Principal Place of Business Suite, Apt. #, etc City & State Zip	3. Mailing Address Suite, Apt. #, etc City & State Zip
---	---



MOORE CR2E003 (11/03)

4. FEI Number 59-3003453	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Name and Address of Current Registered Agent Bhide, Vasant P. 1329 KINGSLEY AVE., SUITE C ORANGE PARK FL 32073	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
---	--	---

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.

9. Capital Contributions as Shown on record. \$800,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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 #	NAME	STREET ADDRESS	
	BHIDE, VASANT P.		
STREET ADDRESS	13510 MANDARIN RD.	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL		U00000161682
DOCUMENT #	NAME	STREET ADDRESS	05/27/04-80005-022 526.25
	BHIDE, CAROL C.		
STREET ADDRESS	13510 MANDARIN RD.	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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

SIGNATURE: Vasant P. Bhide 5.14.04 772-7684 2695346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE