

2001 UNIFORM BUSINESS REPORT (UBR)

000402 AF

DOCUMENT # A92000000160

1. Entity Name
WINDRIDGE FAMILY INVESTMENTS, LTD.

FILED

01 MAR 30 PM 3: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **801 SEABREEZE BLVD. FORT LAUDERDALE FL 33316**

Mailing Address: **2100 SALZEDO STREET, SUITE 303 CORAL GABLES FL 33134-4323**



MJH DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country

3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: **65-0477944** Applied For: Not Applicable

5. Certificate of Status Desired: **-\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LOWENSTEIN, ELLIOT
2100 SALZEDO STREET, #303
CORAL GABLES FL 33134-4323**

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.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$12.00**

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	
DOCUMENT #	
NAME	WINDRIDGE, FREDERICK <i>Deceased</i>
STREET ADDRESS	2 ISLA BAHIA TERRACE
CITY-ST-ZIP	FORT LAUDERDALE BEACH FL 33416
DOCUMENT #	
NAME	WINDRIDGE, KATHLEEN
STREET ADDRESS	2 ISLA BAHIA TERRACE
CITY-ST-ZIP	FORT LAUDERDALE BEACH FL 33416
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>Deceased</i>
CITY-ST-ZIP	
STREET ADDRESS	<i>FF #141.25</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	800003959038-7
CITY-ST-ZIP	-04/04/01--01005--021
STREET ADDRESS	****141.25 ****141.25
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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **2/6/01** Daytime Phone #: _____

CR2E003 (1/1/00)