

**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY 11 AM 9:21

DOCUMENT # A92000000160				
1. Entity Name WINDRIDGE FAMILY INVESTMENTS, LTD.				
Principal Place of Business 2950 NE 32 AVE FORT LAUDERDALE, FL 33308		Mailing Address 2950 NE 32 AVE FORT LAUDERDALE, FL 33308		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
GLAUSER, STUART H 12910 SW 84TH ST MIAMI, FL 33183				Name
				Street Address (P. O. Box Number is Not Acceptable)
				14446 West Dixie Highway
				City Miami FL Zip Code 33161
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				
9. Capital Contributions as Shown on record. \$12.00		10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>				
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	400055917934	
STREET ADDRESS	2950 N.E. 32 AVE	CITY-ST-ZIP	06/08/05--01073--017 **141.25	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	CITY-ST-ZIP		
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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 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: <i>Kathleen Windridge</i>		Date: <i>4/28/05</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE