

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001923 AV

DOCUMENT # A92000000160

1. Entity Name
WINDRIDGE FAMILY INVESTMENTS, LTD.



FILED

03 JUN -2 AM 8:00

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**



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

DUE BY MAY 1, 2003

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. 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. \$12.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	WINDRIDGE, KATHLEEN
NAME	801 SEA BREEZE BLVD.
STREET ADDRESS	FORT LAUDERDALE BEACH FL 33316
CITY-ST-ZIP	
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	2950 N.E. 32 AVE
CITY-ST-ZIP	FORT LAUDERDALE FL 33308
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500015551145
CITY-ST-ZIP	04/09/03--01020--012 **12.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500015551145
CITY-ST-ZIP	06/02/03--01036--022 **129.25
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 REQUIRED *[Signature]* **4/3/03**

Date: _____ Daytime Phone #: _____

CR2E003 (10/02)

SIMPLE CHECK HERE