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

DOCUMENT # A97000000868

1. Entity Name

WINGSPREAD PARTNERS INVESTMENTS, LTD.

FILED
04 FEB -3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business	Mailing Address
11883 MAIDSTONE DRIVE WELLINGTON FL 33414	12026 N.W. HWY. #464B OCALA FL 34482

MOORE CR2E003 (11/03) 2/3

2. Principal Place of Business	3. Mailing Address
12026 NW Hwy 464B	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA, FL	City & State
Zip: 34482 Country: USA	Zip Country

4. FEI Number: 65-0746544 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOLZ, OTTO 12026 NW HWY. 464B OCALA FL 34482	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.	$20,000,000.00	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 #	P97000031880	STREET ADDRESS	
NAME	WINGSPREAD OF PALM BEACH, INC.		
STREET ADDRESS	12026 NW HWY. 464B	CITY-ST-ZIP	
CITY-ST-ZIP	OCALA FL 34482		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

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: Wingspread of Palm Beach, Inc by Otto Stolz, Pres. — 1/28/04 — 352-368-6684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #