

APPLICATION FOR  
 REINSTATEMENT  
 FOR  
 LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE  
 Kathleen Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

**A92000000160**

FILED  
 22 AUG 15 AM 8:30  
 SECRETARY OF STATE  
 DO NOT WRITE IN THIS SPACE

DOCUMENT # A92000000160

1. Name of Limited Partnership  
**WINDRIDGE FAMILY INVESTMENTS, LTD.**

2. Mailing Address <b>2100 Salzedo Street</b>		3. Principal Office Address <b>801 Seabreeze Blvd.</b>		4. Date Formed or Registered To Do Business in Florida <b>12/14/1992</b>	
Suite, Apt. #, etc. <b>Suite 303</b>		State, Apt. #, etc.		5. FEI Number <b>65-0477944</b>	
City & State <b>Coral Gables, FL</b>		City & State <b>Fort Lauderdale, FL</b>		Applied For Not Applicable	
Zip <b>33134-4323</b>	Country <b>USA</b>	Zip <b>33316</b>	Country <b>USA</b>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation <b>Florida</b>					

8a. Capital Contributions as Shown on Record  
**12.00**

8b. Amount of Capital Contributions in FLORIDA to date

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office  
 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year  
 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent

Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent <b>FRANK R. BRADY, ESQ. c/o FRANK BRADY P.A. 370 Camino Gardens Blvd., #341 Boca Raton, FL 33232 US</b>		10. If changed, new registered agent/office Name <b>ELLIOT LOWENSTEIN</b> Street Address (P.O. Box Number Is Not Acceptable) <b>2100 Salzedo Street #303</b> Suite, Apt. #, etc. City <b>Coral Gables</b> Zip Code <b>FL 33134-4323</b>	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): *Elliot Lowenstein* DATE: **8/9/99**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
<b>FREDERICK WINDRIDGE</b>	<b>2 Isla Bahia Terrace</b>	<b>Fort Lauderdale, FL 33416</b>	<b>9799</b> <b>000002969760--4</b> <b>-08/25/99--01089--001</b> <b>***1923.75 ***1923.75</b>
<b>KATHLEEN WINDRIDGE</b>	<b>2 Isla Bahia Terrace</b>	<b>Fort Lauderdale, FL 33416</b>	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *Frank R. Brady* DATE: **8/12/99**

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Telephone Number \_\_\_\_\_

CR2E039 (1/2/98)