

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A92000000160
 1. Entity Name
 WINDRIDGE FAMILY INVESTMENTS, LTD.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02



DO NOT WRITE IN THIS SPACE

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

4. FEI Number	65-0477944	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$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, typed or printed name of registered agent and title if applicable. (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
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WINDRIDGE, FREDERICK	STREET ADDRESS	
NAME	2 ISLA BAHIA TERRACE	CITY-ST-ZIP	
STREET ADDRESS	FORT LAUDERDALE BEACH FL 33416		
CITY-ST-ZIP			
DOCUMENT #	WINDRIDGE, KATHLEEN	STREET ADDRESS	500003446795--B
NAME	2 ISLA BAHIA TERRACE	CITY-ST-ZIP	-11/01/00--01049--005
STREET ADDRESS	FORT LAUDERDALE BEACH FL 33416		****141.25 ****141.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		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 REQUIRED *[Signature]* 8/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CORPORATION