

# 2001 UNIFORM BUSINESS REPORT (UBR)

000402 AF

**DOCUMENT # A92000000160**

1. Entity Name  
**WINDRIDGE FAMILY INVESTMENTS, LTD.**

FILED

01 MAR 30 PM 3:59

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

**801. SEABREEZE BLVD.  
 FORT LAUDERDALE FL 33316**      **2100 SALZEDO STREET, SUITE 303  
 CORAL GABLES FL 33134-4323**



**MJH** DO NOT WRITE IN THIS SPACE

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  **-\$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      DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**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 #	
NAME	<b>WINDRIDGE, FREDERICK</b> <i>Deceased</i>
STREET ADDRESS	<b>2 ISLA BAHIA TERRACE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE BEACH FL 33416</b>
DOCUMENT #	
NAME	<b>WINDRIDGE, KATHLEEN</b>
STREET ADDRESS	<b>2 ISLA BAHIA TERRACE</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE BEACH FL 33416</b>
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	<i>Deceased</i>
CITY-ST-ZIP	
STREET ADDRESS	<i>FF #141.25</i>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800003959038-7</b>
CITY-ST-ZIP	<b>-04/04/01--01005--021</b>
STREET ADDRESS	<b>****141.25 ****141.25</b>
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:      Date **2/6/01**      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (1/1/00)