


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVAL  
 AND  
 FILED  
 04 MAY -6 PM 4:19  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A92000000160**

1. Entity Name  
 WINDRIDGE FAMILY INVESTMENTS, LTD.



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  
 2950 NE 32ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 2950 NE 32 Ave  
 Suite, Apt. #, etc.



04212004 Chg-LP CR2E003 (10/03)

City & State  
 Ft. Lauderdale, FL

City & State  
 Ft. Lauderdale FL

Zip  
 33308

Country

Zip  
 33308

Country

4. FEI Number  
 65-0477944

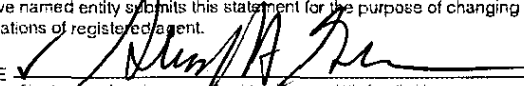
Applied For  
 Not Applicable

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: Stuart H. Glauser  
 Street Address (P.O. Box Number is Not Acceptable)  
12910 S.W 84th Street  
 City: Miami FL Zip Code: 33183

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: 4/28/04

Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record: \$12.00

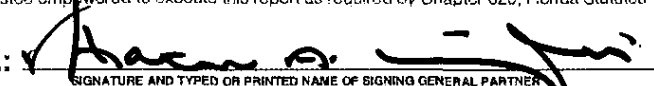
10. Amount of Capital Contributions in FLORIDA to date.

**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, KATHLEEN	STREET ADDRESS	
NAME	2950 N.E. 32 AVE	CITY-ST-ZIP	
STREET ADDRESS	FORT LAUDERDALE, FL 33308		
CITY-ST-ZIP		STREET ADDRESS	200037532982
		CITY-ST-ZIP	06/02/04--01005--025 **141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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:  DATE: 4/28/04 Daytime Phone #: 954 525 7724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #