

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
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2. Principal Place of Business 2950 NE 32ave Suite, Apt. #, etc.	3. Mailing Address 2950 NE 32 Ave Suite, Apt. #, etc.
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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
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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

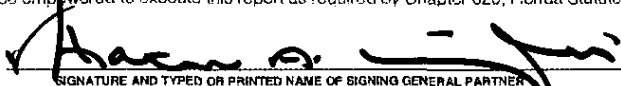
9. Capital Contributions as Shown on record: \$12.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WINDRIDGE, 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			
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		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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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