

**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 11 AM 9:21

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|---|---------------------|--|-------------------------------|--|
| DOCUMENT # A92000000160 | | | |  |
| 1. Entity Name WINDRIDGE FAMILY INVESTMENTS, LTD. | | | | |
| Principal Place of Business 2950 NE 32 AVE FORT LAUDERDALE, FL 33308 | | Mailing Address 2950 NE 32 AVE FORT LAUDERDALE, FL 33308 | | |
| 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 <input type="checkbox"/> Not Applicable |
| 6. Name and Address of Current Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent GLAUSER, STUART H 12910 SW 84TH ST MIAMI, FL 33183 | | 7. Name and Address of New Registered Agent | | |
| | | Name | | |
| | | Street Address (P. O. Box Number is Not Acceptable) | | |
| | | City <u>Miami</u> FL Zip Code <u>33161</u> | | |
| 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 _____ | | | | |
| 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 | 400055917934 | |
| NAME | | CITY-ST-ZIP | 06/08/05--01073--017 **141.25 | |
| STREET ADDRESS | 2950 N.E. 32 AVE | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | FORT LAUDERDALE, FL 33308 | | |
| DOCUMENT # | | STREET ADDRESS | | |
| NAME | | CITY-ST-ZIP | | |
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| CITY-ST-ZIP | | 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: <u>Kathleen Windridge</u> | | Date: <u>4/28/05</u> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | Date Daytime Phone # | | |

STAPLE CHECK HERE