

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY 18 PM 1:20

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A92000000160

1. Entity Name
 WINDRIDGE FAMILY INVESTMENTS, LTD.



Principal Place of Business
 2950 ME 32 AVE
 FORT LAUDERDALE, FL 33308

Mailing Address
 2950 ME 32 AVE
 FORT LAUDERDALE, FL 33308



04252006 No Chg-LP CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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

GLAUSER, STUART H
 14446 WEST DIXIE HWY
 MIAMI, FL 33161

**DO NOT WRITE
 IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	WINDRIDGE, KATHLEEN
STREET ADDRESS	2950 N.E. 32 AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800075972408
 06/08/06--01007--006 **\$50.00

**DO NOT WRITE
 IN THIS SPACE**

K. Eckel MAY 24 2006

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date 4/26/06 Daytime Phone # _____