

**2017 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08713

**Entity Name:** SOUTH WIND, LTD.

**Current Principal Place of Business:**

4339 ORTEGA FOREST DR.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

P.O. BOX 2260  
TALLAHASSEE, FL 32210 US

**FEI Number:** 59-2080630

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CECILIA BRYANT, P.A.  
4339 ORTEGA FOREST DR.  
JACKSONVILLE, FL 32210 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #

Name BRYANT, CECILIA

Address 4339 ORTEGA FOREST DR.

City-State-Zip: JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CECILIA BRYANT

GP

01/27/2017

Electronic Signature of Signing General Partner Detail

Date