

2016 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A11000000040

Entity Name: WINTERWIND LIMITED PARTNERSHIP

Current Principal Place of Business:

17555 COLLINS AVENUE
#507
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17555 COLLINS AVENUE
#507
SUNNY ISLES BEACH, FL 33160

FEI Number: 27-4534852

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEDGE, INNA
17555 COLLINS AVENUE
#507
SUNNY ISLES BEACH, FL 33160 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 # L11000003044
Name WINTERWIND MANAGEMENT, LLC
Address 17555 COLLINS AVENUE, #507
City-State-Zip: SUNNY ISLES BEACH FL 33160

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: INNA MEDGE

MANAGER

04/27/2016

Electronic Signature of Signing General Partner Detail

Date