

2002 UNIFORM BUSINESS REPORT (UBR)

0014281 AT

DOCUMENT # A00000001063

1. Entity Name

M-WINDOVER, LTD.

FILED

02 MAY -1 PM 6:15

Principal Place of Business

P.O. BOX 5252
LAKELAND FL 33802

Mailing Address

P.O. BOX 5252
LAKELAND FL 33802

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

500 S. Florida Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

700

City & State
Lakeland FL

City & State

DUE BY MAY 1, 2002

4. FEI Number 59-3657550

Applied For

Not Applicable

Zip 33801

Country USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAXWELL, LAWRENCE T
5150 SOUTH FLORIDA AVENUE, SUITE 200
LAKELAND FL 33813

Name

Street Address (P.O. Box Number is Not Acceptable)

500 S. Florida Ave

700

City

Lakeland

FL

Zip Code

33801

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # L00000008602
NAME MW-GP, LLC
STREET ADDRESS 5015 SOUTH FLORIDA AVENUE, SUITE 200
CITY-ST-ZIP LAKELAND FL 33813

STREET ADDRESS 500 S. Florida Avenue, #700
CITY-ST-ZIP Lakeland, FL 33801

DOCUMENT #
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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:

SIGNATURE: [Signature]

04/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)