



**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000001064</b>						<b>Secretary of State</b>	
1. Entity Name FP-WINDOVER, LTD.							
Principal Place of Business 500 S. FLORIDA AVE., SUITE 700 LAKELAND, FL 33801			Mailing Address P.O. BOX 5252 LAKELAND, FL 33807				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State			4. FEI Number 59-3656265	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
MAXWELL, LAWRENCE T 500 S. FLORIDA AVE., SUITE 715 LAKELAND, FL 33801				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code
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. \$1,000.00							
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 #	L00000008605			STREET ADDRESS			
NAME	FPW-GP, LLC			CITY-ST-ZIP			
STREET ADDRESS	500 S. FLORIDA AVE., SUITE 700						
CITY-ST-ZIP	LAKELAND, FL 33801						
DOCUMENT #				STREET ADDRESS	L000000160251		
NAME				CITY-ST-ZIP	05/13/04-80013-018 150.00		
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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: 				4/30/04 8103-2017-1581			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			