

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

0014282 AT

DOCUMENT # A00000001146

02 MAY -1 PM 6:14

1. Entity Name

GP-WINDOVER, LTD.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5015 SOUTH FLORIDA AVE., SUITE 200  
LAKELAND FL 33813

Mailing Address

P.O. BOX 5252  
LAKELAND FL 33802



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

59-3659134

Applied For

Not Applicable

Zip

Country

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

5015 SOUTH FLORIDA AVE., SUITE 200  
LAKELAND FL 33813

Name

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

# 700

City

Lakeland

FL

Zip

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 # L00000008604  
NAME GPW-GP, LLC  
STREET ADDRESS 5015 SOUTH FLORIDA AVE., SUITE 200  
CITY-ST-ZIP LAKELAND FL 33813

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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 20, Florida Statutes

SIGNATURE:

SIGNATURE

04/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)