

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

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

**DOCUMENT # A00000001146**



1. Entity Name  
GP-WINDOVER, LTD.

Principal Place of Business  
500 SOUTH FLORIDA AVE., SUITE 700  
LAKELAND, FL 33801

Mailing Address  
P.O. BOX 5252  
LAKELAND, FL 33802

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3659134

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MAXWELL, LAWRENCE T  
500 SOUTH FLORIDA AVE., SUITE 700  
LAKELAND, FL 33801

7. Name and Address of New Registered Agent

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

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.

**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

DOCUMENT # L00000008604  
NAME GPW-GP, LLC  
STREET ADDRESS 500 SOUTH FLORIDA AVE., SUITE 700  
CITY - ST - ZIP LAKELAND, FL 33801

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

U00000160254

05/13/04-80013-021 150.00

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

START HERE, CHECK HERE

*Kim S. Kelley*  
**Kim S. Kelley**

*4/30/04 863-647-1581*