

2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005

FILED

2005 APR 26 PM 12:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0200000637 1. Entity Name WINDWOOD TOWNHOMES, LTD.	
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Principal Place of Business 304 WEST RIVERSIDE DRIVE JUPITER FL 33469	Mailing Address 304 WEST RIVERSIDE DRIVE JUPITER FL 33469
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1ST MOORE CR2E003 (10/04)

City & State	City & State	4. FEI Number 30-0111111	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WIITA, LU ANN 304 WEST RIVERSIDE DRIVE JUPITER FL 33469
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable

11. FILE NOW!!! Due by May 1, 2005.
 See Block 11 instructions for fee info.

9. Capital Contributions as Shown on record. \$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000017992 STAR HILL INVESTMENT CO. 304 WEST RIVERSIDE DRIVE JUPITER FL 33469
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	000054532380 05/13/05--01089--020 **158.75
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STAPLE CHECK HERE

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: Lu Ann Wiita 4-3-05 561-246-1519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #