

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

158.75

0011921 AT

DOCUMENT # A02000000637

1. Entity Name
WINDWOOD TOWNHOMES, LTD.



FILED
03 MAR 24 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**10832 EGRET POINTE LANE
WEST PALM BEACH FL 33412**

Mailing Address
**10832 EGRET POINTE LANE
WEST PALM BEACH FL 33412**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number

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

WITA, LU ANN
10832 EGRET POINTE LANE
WEST PALM BEACH FL 33412

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

9. Capital Contributions as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
	STAR HILL INVESTMENT CO.		
	10832 EGRET POINTE LANE	CITY-ST-ZIP	
	WEST PALM BEACH FL 33412		600012566546
			02/14/03--01048--014 **150.00
DOCUMENT #	NAME	STREET ADDRESS	
	P00000017992		
		CITY-ST-ZIP	
			600012566546
			03/24/03--01078--004 **157.50
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		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: *WITA* **2-9-03** **561-626-6024**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)