2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #	A0200000637	

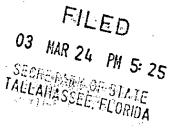
1. Entity Name

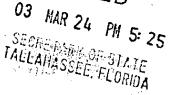
Principal Place of Business 10832 FORET POINTE LANE

WINDWOOD TOWNHOMES, LTD.



Mailing Address 10832 EGRET POINTE LANE





WEST PALM BEACH FL 33412		WEST PALM BEACH FL 33412								
2. Principal Place of Business 3. Mailing			3. Mailing Addre	ling Address				(BIE) DENI DUND DUDE MAN FRU ŽEDI		
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.			DUE BY MAY 1, 2003				
City & State City & State			-		4. FEI Number	4. FEI Number				
Zip	/	Country	Zip Cou		ntry	5. Certificate of	5. Certificate of Status Desired \$8.75 Addition Fee Required			
<u></u>	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
WITA, LU ANN					Name					
-		FIANE			-Street-Add	ress (P.OBox Number	is Not Acceptable)——			
WEST PALM BEACH FL 33412				-						
				City	FL Zip Code					
	named entit ions of regist		r the purpose of cha	inging its register	red office or re	gistered agent, or both	, in the State of Florida. I	am familiar with, and accept		
SIGNATURE -	Signature typed	or printed name of registered agent	and title if applicable				DA	ATE		
9. Capital Contributions as Shown on record. \$10,000.00 10. Amount of Capital Contributions in FLORIDA to date.					ibutions		11. MAKE CHECK PAYA	BLE TO FL. DEPT. OF STATE FOR FEE INFORMATION		
	A (GENERAL PARTNER T : General Partners MA	HAT IS A BUSIN	ESS ENTITY N	MUST BE RE	GISTERED AND AC		FICE.		
12.		GENERAL PARTNER		-		ADDRESS CHANGES ONLY				
DOCUMENT #			·	= ~°¢ĭē	REET ADDRESS			,		
NAME ~		STAR HILL INVESTMENT CO. 💙 🧸		V		<u> </u>				
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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:

CITY-ST-ZIP

2-9-03

261-676-6071