2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
04 JUN 22 AM 9:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

MOORE CR2E003 (11/03) 6/22

DOCUMENT # A02000001128

1. Entity Name
WINDSOR REALTY ASSOCIATES, LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
5100 N. OCEAN BOULEVARD SUITE 911-913 FORT LAUDERDALE FL 33308 US	5100 N. OCEAN BOULEVARD SUITE 911-913 FORT LAUDERDALE FL 33308 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

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
WINDSOR FINANCIAL CORPORATION OF FLORIDA 5100 N. OCEAN BOULEVARD SUITE 911-913 FORT LAUDERDALE FL 33308	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.	$150,000.00	10. Amount of Capital Contributions in FLORIDA to date.	$150,000.00 REFUNDED (INACTIVE)	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 on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M51679	STREET ADDRESS	600038770286
NAME	WINDSOR FINANCIAL CORP. OF FLORIDA		
STREET ADDRESS	5100 N. OCEAN BOULEVARD, SUITE 911-913	CITY-ST-ZIP	07/06/04--01057--019 **141.25
CITY-ST-ZIP	FT. LAUDERDALE FL 33308		
DOCUMENT #		STREET ADDRESS	
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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 620, Florida Statutes

SIGNATURE: James A. Penta JAMES A. PENTA, PRES. 3-27-04 (954)946-8216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #