

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

DOCUMENT # A02000001128	
1. Entity Name WINDSOR REALTY ASSOCIATES, LIMITED PARTNERSHIP	

FILED

04 JUN 22 AM 9:28

STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business 5100 N. OCEAN BOULEVARD SUITE 911-913 FORT LAUDERDALE FL 33308 US	Mailing Address 5100 N. OCEAN BOULEVARD SUITE 911-913 FORT LAUDERDALE FL 33308 US
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MOORE CR2E003 (11/03)

6/22

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
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WINDSOR FINANCIAL CORPORATION OF FLORIDA 5100 N. OCEAN BOULEVARD SUITE 911-913 FORT LAUDERDALE FL 33308
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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

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.

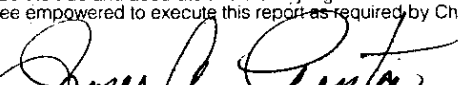
SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

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
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT # M51679	NAME WINDSOR FINANCIAL CORP. OF FLORIDA	STREET ADDRESS	600038770286
STREET ADDRESS 5100 N. OCEAN BOULEVARD, SUITE 911-913	CITY-ST-ZIP FT. LAUDERDALE FL 33308	CITY-ST-ZIP	07706/04--01057--019 **141.25
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	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, PRES.** 3-27-04 (954) 946-8216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #