

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A02000001128

1. Entity Name
WINDSOR REALTY ASSOCIATES, LIMITED PARTNERSHIP



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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number

LP NOT ACTIVE AT THIS TIME

Applied For

Not Applicable

5. Filing Fee

FUNDS RETURNED

\$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

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

DATE

9. Capital Contributions
as Shown on record.

\$150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

NONE

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
NAME WINDSOR FINANCIAL CORP. OF FLORIDA
STREET ADDRESS 5100 N. OCEAN BOULEVARD, SUITE 911-913
CITY-ST-ZIP FT. LAUDERDALE FL 33308

STREET ADDRESS

CITY-ST-ZIP

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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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES H. LENTA, PRES.

Date

1-15-03 (954) 946-0216

Daytime Phone #

0002920 AV

CR2E003 (10/02)