

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021358 FP

DOCUMENT # A02000001491

1. Entity Name
WESTWIND PROPERTIES, LTD.



FILED

03 APR 30 PM 4:43

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

MIJH

Principal Place of Business
**1982 SR 44 #183
NEW SMYRNA BEACH FL 32168**

Mailing Address
**1982 SR 44 #183
NEW SMYRNA BEACH FL 32168**



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4/30

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent
**DODDS, KIMLA M
1982 SR 44 #183
NEW SMYRNA BEACH FL 32168**

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. **\$50,000.00**

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 on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	DODDS, KIMLA M	CITY-ST-ZIP	
STREET ADDRESS	1982 SR 44 #183		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		
DOCUMENT #		STREET ADDRESS	300017591893
NAME	WALL, MICHAEL	CITY-ST-ZIP	04/30/03--01081--023 **2187.50
STREET ADDRESS	1982 SR 44 #183		
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168		
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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 680, Florida Statutes

SIGNATURE: *[Signature]* **4-2503**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4-25-03** Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE