

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

APPROVED  
 AND  
 FILED

04 MAY -4 PM 5:33  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A03000001682**

1. Entity Name  
 WINDWOOD OAKS TAMPA APARTMENTS, LTD.



Principal Place of Business  
 6700 CASA GRANDE WAY  
 DELRAY BEACH, FL 33446

Mailing Address  
 6700 CASA GRANDE WAY  
 DELRAY BEACH, FL 33446


2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 4815 E. BUSCH BLVD.  
 Suite, Apt. #, etc.  
 SUITE 208

City & State  
 TAMPA, FL

Zip  
 33617

Country  
 USA



04212004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 20-0449939

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent:

STEINBERG, LAWRENCE B  
 700 S. FEDERAL HIGHWAY, SUITE 200  
 BOCA RATON, FL 33432

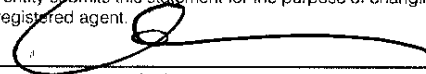
7. Name and Address of New Registered Agent

Name DAVID GORDON

Street Address (P.O. Box Number is Not Acceptable)  
 OWNERS PROPERTY MANAGEMENT  
 4815 E. BUSCH BLVD., SUITE 208

City TAMPA FL Zip Code 33617

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  DAVID GORDON, AGENT

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

9. Capital Contributions as Shown on record. \$0.00

10. Amount of Capital Contributions in FLORIDA to date.

**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

DOCUMENT #	WINDWOOD OAKS GP INC.
NAME	6700 CASA GRANDE WAY
STREET ADDRESS	DELRAY BEACH, FL 33446
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000036545480
CITY-ST-ZIP	05/18/04--01032--024 **141.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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:  4/29/04 813-287-1028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #