

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

APPROVED  
 AND  
 FILED

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

<b>DOCUMENT # A03000001682</b> 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 <b>4815 E. BUSCH BLVD.</b>  Suite, Apt. #, etc. <b>SUITE 208</b>			
City & State		City & State <b>TAMPA, FL</b>		4. FEI Number <b>20-0449939</b>	
Zip Country		Zip <b>33617</b>		Country <b>USA</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>STEINBERG, LAWRENCE B</b> <b>700 S. FEDERAL HIGHWAY, SUITE 200</b> <b>BOCA RATON, FL 33432</b>			7. Name and Address of New Registered Agent Name <b>DAVID GORDON</b> Street Address (P.O. Box Number is Not Acceptable) <b>OWNERS PROPERTY MANAGEMENT</b> <b>4815 E. BUSCH BLVD., SUITE 208</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33617</b>		
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 <b>DAVID GORDON, AGENT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$0.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
	WINDWOOD OAKS GP INC.		CITY-ST-ZIP		
STREET ADDRESS	6700 CASA GRANDE WAY				
CITY-ST-ZIP	DELRAY BEACH, FL 33446				
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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:			Date <b>4/29/04</b>		Daytime Phone # <b>813-287-1028</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE

