2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED AND FILED
MAY -4 PM 5:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001683

1. Entity Name
WINDWOOD OAKS INVESTMENT LIMITED PARTNERSHIP

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

04212004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
	4815 E. BUSCH BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 208
City & State	City & State TAMPA, FL
Zip / Country	Zip 33617 / Country USA

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 [signature] DAVID GORDON, AGENT
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record.	$1,000.00	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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P03000142273	STREET ADDRESS	
NAME	WINDWOOD OAKS GP INC.		
STREET ADDRESS	6700 CASA GRANDE WAY	CITY-ST-ZIP	400036552934 05/10/04--01055--017 **141.25
CITY-ST-ZIP	DELRAY BEACH, FL 33446		
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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: [signature] 4/29/04 813-287-1078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #