

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # A03000001805**

1. Entity Name  
**HAIDER/WINDWARD, LLLP**



Principal Place of Business  
**10719 BOCA POINTE DRIVE  
ORLANDO, FL 32836**

Mailing Address  
**10719 BOCA POINTE DRIVE  
ORLANDO, FL 32836**



05022007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1783011**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**G&L AGENT SERVICES, INC.  
390 N. ORANGE AVENUE, SUITE 600  
ORLANDO, FL 32801**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

**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 # **P99000004778**  
NAME **HAIDER DEVELOPMENT CORP**  
STREET ADDRESS **10719 BOCA POINTE DRIVE**  
CITY - ST - ZIP **ORLANDO, FL 32836**

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U000000760547  
05/25/07-80017-007 508.75

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Salman A. Haider*

**SALMAN A. HAIDER**

**5/1/07**

**407 909 1444**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE