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

## FILED Apr 22, 2004 08:00 AM Secretary of State

DOCUMENT # A06272  1. Entity Name WINEWOOD PARK LIMITED					Secretary of State			
Principal Place of Business C/O LOEB PARTNERS REALTY SOUTHEAST, INC. 444 SEABREEZE BLVD., STE. 325 DAYTONA BEACH, FL 32118  Mailing Address C/O LOEB PARTNERS RE 444 SEABREEZE BLVD., DAYTONA BEACH, FL 32118						<b>a</b> uta 11034 18815 110	I <b>eje</b> n Barin entre en	KIK BUDIK BUDUKEN DI UDAK
2. Principal Place of Business 3.		3. Mailing Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.		02262004	Chg-LP	CR2E003	(10/03)	
City & State		City & State		4. FEI Number 13-2931			Applied For Not Applicable	
Zip	Country	Zip	Count	try	5. Certificate of	of Status Desired		.75 Additional Required
6. Name	and Address of Current Re	gistered Agent			7. Name and	Address of New I	Registered Age	nt
LUCY MINE				Name				
HUEY, MIKE HUEY, GUILDAY & 1 106 EAST COLLEGE				Street Address (	P.O. Bax Number	is Not Acceptabl	e)	
TALLAHASSEE, FL	32301		l					2'-0-1-
				City			FL	Zip Code
8. The above named entity the obligations of regist	submits this statement for the ered agent.	ne purpose of changing	g its registere	ed office or register	red agent, or both	n, in the State of Fl	lorida. I am fam	illar with, and accept
SIGNATURE - Signature, typed	or printed name of registered agent and	the facticable.					DATE	
9. Capital Contributions	©E04 000 00	10. Amount of Ca		outions				
as Shown on record.	\$594,000.00	in FLORIDA t	o date.					
	ENERAL PARTNER TH							
12. NOTE:	General Partners MAY  GENERAL PARTNER II		n the form	i; an amendmer	It must be me		ANGES ONLY	ar.
DOCUMENT F15314	GENERACTATING	T CHINATION				70011200 01		
NAME LOEB PTNRS REALTY SE INC			SIRE	ET AUDRESS				
STREET ADDRESS 444 SEABREEZE BLVD., STE. #325 CITY-ST-ZIP DAYTONA BEACH, FL			CITY	-ST-ZIP				
DOCUMENT #	BEACH, FL		CIMI	ET ADORESS			<del></del>	
NAME DENIAL ADVISE OF			STHE	LI RUUNESS				
STREET ADORESS - CITY-ST-ZIP			CITY	-ST-ZIP		Haco	00140154	
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CITY-S1-ZIP				'-SI-ZIP				
14. I hereby certify that the indicated on this repo	e information supplied with It is true and accurate and the empowered to execute this	nis filing does not qualif lat my signature shall hi report as required by C	ly for the exe ave the same chapter 620,	imption stated in S e legal effect as it i Florida Statutes	ection 119.07(3)(i nade under oath	i), Florida Statutes that I am a Gene	, I further certify ral Partner of th	that the information a limited partnership of
SIGNATURE:	11 An 11		IL.GO	·	<u> 4</u> /1	3/11/	<u> </u>	18E0 ER
1	SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING GE	ENERAL PARTN	<u> </u>		Date	Dayt	me Phone #