CR2E003 (10/02)

|   | 2003 LIMITED<br>IFORM BUSINI   | ESS REPOR   |                | FILED  |
|---|--|---|----------------|--|
| DOCUMENT # A06272  1. Entity Name WINEWOOD PARK LIMITED |  |   |                | O3 APR 29 PH 6: 10  SECRETARIOS ASTRICE TAULATIASSEE, FLORIDA                                |
| 444 SEABREEZ<br>DAYTONA BEA                             | rtners realty southeast, inc.<br>Ze Blvd., ste. 325<br>Ch Fl 32118     | Mailing Address C/O LOEB PARTNERS REALTY SOUTHEAST. INC. 444 SEABREEZE BLVD STE. 325 DAYTONA BEACH FL 32118 |                |  |
| Principal Place of Business     3. Mailing Address      |  |   |                |  |
| Suite, Apt. #, etc.                                     |  | Suite, Apt. #, etc.   |                | DUE BY MAY 1, 2003   |
| City & State  |  | City & State  |                | 4. FEI Number 13-2931849 Applied For   |
| Zip   | Country  | Zip   | Country        | 5. Certificate of Status Desired S8.75 Additional Fee Required                               |
|   | 6. Name and Address of Current   | Registered Agent  |                | 7. Name and Address of New Registered Agent  |
| 106 EAST<br>TALLAHAS                                    | ions of registered agent.  | Ann A   | City           | FL Zip Code pistered agent, or both, in the State of Florida. I am familiar with, and accept |
| 9. Capital Co<br>as Shown                               | ntributions \$594,000,00   | 10. Amount of Capit<br>in FLORIDA to c  |                | 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE<br>SEE BEVERSE SIDE FOR FEE INFORMATION         |
|   |  |   |                | GISTERED AND ACTIVE WITH THIS OFFICE. ment must be filed to change a general partner.        |
| 12.   | GENERAL PARTNE   |   | 13.            | ADDRESS CHANGES ONLY   |
| DOCUMENT # NAME STREET ADDRESS                          | F15314<br>LOEB PTNRS REALTY SE INC<br>s 444 SEABREEZE BLVD., STE. #325 |   | STREET ADDRESS |  |
| CITY-ST-ZIP   | DAYTONA BEACH FL   |   | CITY-ST-ZIP    |  |
| DOCUMENT # NAME   |  |   | STREET ADDRESS | <del>- 400017333864</del>  |
| STREET ADDRESS<br>CITY-ST-ZIP                           |  |   | CITY-ST-ZIP    | <del>400817329894</del><br>04/29/0301082036 **526,25   |
| DOCUMENT ≠<br>NAME                                      |  | 4_  | STREET ADDRESS |  |
| STREET ADDRESS  | 1  |   | CITY-ST-ZIP    |  |
| DOCUMENT #<br>NAME                                      | \$10.  | 1)  | STREET ADDRESS |  |
| STREET ADDRESS<br>CITY-ST-ZIP                           | , ·  |   | 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

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

DOCUMENT #

CITY-ST-ZIP DOCUMENT #

CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALAN L. GORDON

2128<del>83</del> 0360

Daytime Phone #