

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 22 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # <b>A07948</b>
<b>WINEWOOD APARTMENTS, LTD.</b>	

Mailing Address C/O JOHN GILLESPIY 109 RIO PINAR DRIVE ORMOND BEACH FL 32174	Principal Office Address % THURMAN GILLESPIY, JR., MD 1075 MASON AVENUE DAYTONA BEACH FL 32117
2. Mailing Address 595 W. Granada Blvd. Suite, Apt. #, etc. Suite A City & State Ormond Beach, FL Zip Country 32174 USA	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered <b>09/18/1979</b>	5a. Capital Contributions as Shown on record. <b>\$450,000.00</b>
3a. Date of Last Report <b>03/06/1998</b>	
4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number <b>59-1971199</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for details)	

9. Name and Address of Current Registered Agent <b>GILLESPIY, JR., MD, THURMAN 1075 MASON AVENUE DAYTONA BEACH FL 32117</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.	
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____	

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>WINEWOOD I, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>%THURMAN GILLESPIY JR</b>	11b. City, State & Zip Code <b>1075 Mason Ave. DAYTONA BEACH FL</b>	11c. Registration/ Document Number <b>S68563</b>
<b>REINSTATEMENT</b>			
100003081981--E -12/28/99--01054--014 ***1026.25 ***1026.25 99 54			

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Thurman Gillespy, Jr.* DATE 12/20/99  
Typed or Printed Name of General Partner Signing Form **Thurman Gillespy, JR., M.D.** Daytime Telephone Number **904-677-3431**