


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 99 DEC 22 AM 8:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
1. Name of Limited Partnership WINEWOOD APARTMENTS, LTD.		1a. DOCUMENT # A07948			
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		3. Date Formed or Registered 09/18/1979 3a. Date of Last Report 03/06/1998 4. State or Country of Formation FL	
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		5a. Capital Contributions as Shown on record. \$450,000.00 5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee schedule)	
6. FEI Number 59-1971199		9. Name and Address of Current Registered Agent GILLESPIY, JR., MD, THURMAN 1075 MASON AVENUE DAYTONA BEACH FL 32117			
10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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) WINEWOOD I, INC. 1	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) %THURMAN GILLESPIY JR REINSTATEMENT	11b. City, State & Zip Code 1075 Mason Ave. DAYTONA BEACH FL 99 54	11c. Registration/Document Number S68563 100003081981--E --12/28/99--01054--014 ***1026.25 ***1026.25

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