


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**06 MAR 10 AM 10:51**

<b>DOCUMENT # A07948</b> 1. Entity Name WINEWOOD APARTMENTS, LTD.	
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Principal Place of Business 880 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176	Mailing Address 880 JOHN ANDERSON DRIVE ORMOND BEACH, FL 32176
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2. Principal Place of Business 1901 MASON AVENUE Suite, Apt. #, etc. SUITE 107 City & State DAYTONA BEACH, FL	3. Mailing Address 1901 MASON AVENUE Suite, Apt. #, etc. SUITE 107 City & State DAYTONA BEACH, FL
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02252006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 59-1971199

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Zip 32117	Country USA	Zip 32117	Country USA
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**6. Name and Address of Current Registered Agent**

GILLESPIE, THURMAN JR, MD  
 880 JOHN ANDERSON DRIVE  
 ORMOND BEACH, FL 32176

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 #	S68563
NAME	WINEWOOD I, INC.
STREET ADDRESS	880 JOHN ANDERSON DRIVE
CITY-ST-ZIP	ORMOND BEACH, FL 32176
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	1901 MASON Ave Suite 107
CITY-ST-ZIP	Daytona Beach, FL 32117
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \*  DATE: 2-25-06