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ZUUU	UNIFURM	BUSINESS	NEPURI	lubn

					_	
DOCUMENT # A10599 1. Entity Name					FILED ECRETARY OF STATE ISION OF CORPORATIONS	
WINDWARD PASSAGE, LTD.				DIVISION OF CARPORATIONS		
WEST PALM BEACH FL 33409 1601 FORUM PLACE, SL		Mailing Address C/O WALTER J. MACKEY. (1601 FORUM PLACE, SUITE WEST PALM BEACH FL 334	TE 805		APR 28 PH 12: 06	
2. Principal Place of Business		3. Mailing Address 2247 PALM BEACH LAKES BLVD.		BLVD.	-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State WEST PALM BEACH, FL			31-1026506	Applied For Not Applicable
Zip	Country	33409	Country USA		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New Registered Agent	
MACKEY, WALTER J., JR. 772 LAGOON DRIVE NORTH PALM BEACH FL				t Address (P.O. Box Number is Not Acceptable) 7 PALM BEACH LAKES BLVD., SUITE 204		
			₩.S.T	PALM	M BEACH FL 33340	 ide)9
8. The above	named entity submits this statement for	the purpose of changing its re			red agent, or both, in the State of Florida.	
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signs	ture required	d when reinstating) DATE	
9. Capital Contributions as Shown on record. \$990,000.00 10. Amount of Capital Contributions in FLORIDA to date.			Contributions e. \$990,00	0.00	11. MAKE CHECK PAYABLE TO DEPT. SEE REVERSE SIDE FOR FEE INFO	
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS ENTI Y NOT be changed on the	ITY MUST BE form; an ame	REGIST endmen	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.	
12.	GENERAL PARTNER		13.	ADDRESS CHANGES ONLY		
DOCUMENT# NAME STREET ADDRESS	R M FINANCIAL CORP.		STREET ADDRESS	2247	2247 PALM BEACH LAKES BLVD, SUITE 204	
CITY-ST-ZIP DOCUMENT#	WEST PALM BEACH FL 33401		CITY-ST-ZIP	WEST	T_PALM_BEACH_FL_33409	
NAME	,		STREET ADDRESS			7-7
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP		900003259133 -05/26/0001106- ****526,25 ****	-013 526.25
NAME			STREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP			
DOCUMENT # NAME STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>		
DOCUMENT# NAME			STREET ADDRESS			
STREET ADDRESS CITY - ST - ZIP			CITY-ST-ZIP	ļ . <u></u>		
DOCUMENT#	: :		STREET ADDRESS			· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS CITY ST-ZIP			CITY-ST-ZIP			
indicated	certify that the information supplied with on this report is true and accurate and rer or trustee empowered to execute this	that my signature shall have th	e same legal eff	ect as if m	ection 119.07(3)(i), Florida Statutes. I further certify that the made under oath; that I am a General Partner of the limited	e intormation partnership or

ermowered poxecute this leads as required by Chapter 620 Floric

SIGNATURE: _

PRESIDENT 4/26/00 561-684-8811.

Date Date Date Phone *