


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 FEB 17 PM 12:46



01292004 Chg-LP CR2E003 (10/03)

| | | | | | |
|---|--------------------------|-----|---|---|--|
| DOCUMENT # A18810 | | | |  | |
| 1. Entity Name WINSTON PARK LTD. | | | | | |
| Principal Place of Business P.O. BOX 1825 MIDDLEBURG, VA 20118-1825 | | | Mailing Address P.O. BOX 1825 MIDDLEBURG, VA 20118-1825 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 52-1372859 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MUSS, JOSHUA A 16080 SW 13TH ST. PEMBROKE PINES, FL 33027 <i>1661 POINSETTIA DR.</i> <i>FT. LAUDERDALE, FL 33305</i> | | | 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 _____ | | | | | |
| 9. Capital Contributions as Shown on record. \$300.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| 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 | | | 13. ADDRESS CHANGES ONLY | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| NAME | MUSS, JOSHUA A. | | CITY-ST-ZIP | | |
| STREET ADDRESS | P.O. BOX 1825 | | | | |
| CITY-ST-ZIP | MIDDLEBURG, VA 201181825 | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | 400029799754 | |
| NAME | | | CITY-ST-ZIP | 03/03/04 01030 024 **141.25 | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
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| STREET ADDRESS | | | | | |
| 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

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
 JOSHUA A. MUSS, GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE