

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

<b>DOCUMENT # A18810</b> 1. Entity Name <b>WINSTON PARK LTD.</b>	
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Principal Place of Business <b>P.O. BOX 1825 MIDDLEBURG VA 20118-1825</b>	Mailing Address <b>P.O. BOX 1825 MIDDLEBURG VA 20118-1825</b>
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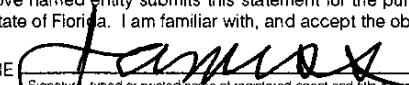
2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED  
2005 APR 26 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1ST MOORE CR2E003 (10/04)


4. FEI Number <b>52-1372859</b>	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 <b>MUSS, JOSHUA A 1661 POINSETTA DR. FT LAUDERDALE FL 33305</b>	
7. Name and Address of New Registered Agent Name <b>MUSS JOSHUA A</b> Street Address (P.O. Box Number is Not Acceptable) <b>8290 BOB-O-LINK DRIVE</b> City <b>WEST PALM BEACH FL</b> Zip Code <b>33412</b>	

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  <b>JOSHUA A. MUSS</b> 4/21/05 <small>Signature, typed or printed name of registered agent and title if applicable</small>	11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
9. Capital Contributions as Shown on record. <b>\$300.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>300.00</b>

**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 #	MUSS, JOSHUA A.	STREET ADDRESS	<b>8290 BOB-O-LINK DRIVE</b>
NAME	P.O. BOX 1825	CITY-ST-ZIP	<b>WEST PALM BEACH FL 33412</b>
STREET ADDRESS	MIDDLEBURG VA 20118-1825		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>600054343316</b>
NAME		CITY-ST-ZIP	<b>05/12/05--01077--018 **141.25</b>
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NAME		CITY-ST-ZIP	
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:  4/21/05 540 364 3119  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE