## 2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # A24825  1. Entity Name						APPRUVLI . AND		
						FILED		
WINDWARD PARK LIMITED PARTNERSHIP					02 APR -5 AM 9: 22	Ě		
						SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business P.O. BOX 999 CHADDS FORD PA 19317			Mailing Address P.O. BOX 999 CHADDS FORD PA	A 19317				
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2002	1	
City & State			City & State			4. FEI Number 23-2683543 Applied For Not Applicable	1	
Zip Country		Zip Cour		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name a	ind Address of Current	Registered Agent	<b>.</b>	Name	7. Name and Address of New Registered Agent		
BRANDYWINE FINANCIAL SERVICES CORP BRUCE E. MOORE					Street Address	Address (P.O. Box Number is Not Acceptable)		
-2637 MCCORMICK DRIVE CLEARWATER FL 33759					City FL Zip Code			
B. The above	e named entity	submits this statement fo	r the purpose of chang	jing its registere	L ed office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE .	Signature, typed or	printed name of registered agent	and title if applicable.			DATE		
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record.  10. Amount of Capital Cin FLORIDA to date					butions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GE NOTE:	NERAL PARTNER T General Partners MA	HAT IS A BUSINES Y NOT be changed	S ENTITY M	UST BE REGIS ; an amendme	TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner.		
12.	GENERAL PARTNER INFORMATION 852350				13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BRANDYWINE CORPORATION				-ST-ZIP		E003 (9/01)	
DOCUMENT #	0.0.000			STRE	ET ADDRESS		CR2E00	
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indicated the receiv	on this report i	nformation supplied with s true and escurate and npowered to execute this	that my signature shall s report as required by	Chapter 620, F	llogal offect se if r			
SIGNAT	URE:	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING	GENERAL PARTNE	onarutwint ( Beneral Partin	# POPURATION :		

SIGNATURE: