

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A24825**

1. Entity Name  
**WINDWARD PARK LIMITED PARTNERSHIP**



Principal Place of Business  
**P.O. BOX 999**  
**CHADDS FORD, PA 19317**

Mailing Address  
**P.O. BOX 999**  
**CHADDS FORD, PA 19317**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
**23-2683543**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BRANDYWINE FINANCIAL SERVICES CORP**  
**BRUCE E. MOORE**  
**2631 MCCORMICK DRIVE, Suite 101**  
**CLEARWATER, FL 33759**

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

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

DATE

9. Capital Contributions as Shown on record. **\$89,000.00**

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 # **L02000023124**  
 NAME **WINDWARD, L.L.C.**  
 STREET ADDRESS **2 POND'S EDGE DR.**  
 CITY-STATE-ZIP **CHADDS FORD, PA**

STREET ADDRESS

CITY-STATE-ZIP

DOCUMENT #  
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**000000159583**  
**05/10/04-00036-009-526-25**

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:**

*Managing Member of Windward, LLC, General Partner*  
**APR 28 2004 (610) 388-9600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Bruce E. Moore**

STAPLE CHECK HERE