### 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

### DOCUMENT # A24825

1. Entity Name

WINDWARD PARK LIMITED PARTNERSHIP



Apr 30, 2008 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

P.O. BOX 999

CHADDS FORD, PA 19317

Mailing Address

P.O. BOX 999

CHADDS FORD, PA 19317



04022008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 23-2683543 Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

#### FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

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.

I	12.	GENERAL PARTNER INFORMATION
ĺ	DOCUMENT #	L02000023124
Į	NAME	WINDWARD, L.L.C.
ı	STREET ADDRESS	2 POND'S EDGE DR.
١	CITY-ST-ZIP	CHADDS FORD, PA
1	DOCUMENT#	
١	NAME	
Ì	STREET ADDRESS	
-{	CATY-ST-ZIP	
Ī	DOCUMENT #	
l	NAME	
I	STREET ADDRESS	
ļ	CITY-SI-ZIP	
ľ	DOCUMENT /	

05/27/08-80003-020 508.75

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 cath; that I am a General Partner of the limited partnership or the receiver or trustee empowerest to execute this report as required by Chapter 620. Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-S1-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-S1-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-S1-ZIP
COCUMENT #
NAME
STREET ADDRESS
CITY-S1-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

ابد | 4

610-388-9600

Daytime Phone #