

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28831

1. Entity Name  
THE WINSTON TRAILS, LTD.



Principal Place of Business  
6101 WINSTON TRAILS BLVD.  
LAKE WORTH FL 33463

Mailing Address  
6101 WINSTON TRAILS BLVD.  
LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

103 Bismore

Suite, Apt. #, etc.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

SAN ANTONIO TX

4. FE# Number

52-1646883

Applied For

Not Applicable

Zip

78258

Country

USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

O'BRIEN, JAMES J  
6101 WINSTON TRAILS BLVD.  
LAKE WORTH FL 33463

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. \$3,461,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 CITY-ST-ZIP	K87056 WINSTON TRAILS DEVELOPMENT CORP. 6101 WINSTON TRAILS BLVD. LAKE WORTH FL 33463	STREET ADDRESS CITY-ST-ZIP	
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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: Robert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Judelson 2/24/03 (435)645-7755

Date

Daytime Phone #

CR2E003 (10/02)

0012531

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