## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2004**

## **FILED** Feb 13, 2004 08:00 AM DOCUMENT # A29437 Secretary of State 1. Entity Name WINDWARD MALL SHOPPING CENTER, A CALIFORNIA LIMITED PARTNERSHIP Principal Place of Business Mading Address 220 MONTGOMERY ST., STE. 1028 SAN FRANCISCO CA 94104 100 LAKESHORE DRIVE SUITE 952 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E003 (11/03) MOORE Applied For 4. FEI Number City & State City & State 91-1088222 Not Applicable Zip Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORBITT, CHARLES W. Street Address (P.O. Box Number is Not Acceptable) 100 LAKÉSHORE DRIVE SUITE 952 NORTH PALM BEACH FL 33408 Zip Code City 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, typad or printed name of registered agent and talls it applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$300,000,00 in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION as Shown on record. 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # F93000001919 STREET ADDRESS WINDWARD MALL, INC. NAME STREET ADDRESS 220 MONTGOMERY ST., STE. 1028 nnoooooea3**36**e CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA 94104 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-21P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP