

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A29807

Entity Name: WINDY PINES APARTMENTS, LTD.

**FILED**  
**Mar 16, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1329 KINGSLEY AVE., SUITE C  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

6650 103RD STREET  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

1329 KINGSLEY AVE., SUITE C  
ORANGE PARK, FL 32073

**New Mailing Address:**

6650 103RD STREET  
JACKSONVILLE, FL 32210

FEI Number: 59-3003453

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BHIDE, VASANT P.  
1329 KINGSLEY AVE., SUITE C  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: BHIDE, VASANT P.  
Address: 13510 MANDARIN RD.  
City-St-Zip: JACKSONVILLE, FL  
Document #:

Name: BHIDE, CAROL C.  
Address: 13510 MANDARIN RD.  
City-St-Zip: JACKSONVILLE, FL

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip: JACKSONVILLE, FL 32223

Address:  
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VASANT P. BHIDE

MR.

03/16/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date