

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 17 PM 12:22

with  
12/23

\_\_\_\_\_

1a. DOCUMENT #  
A30134

WINDSOR PARKE DEVELOPMENT LIMITED PARTNERSHIP

8221 OLD COURTHOUSE ROAD, SUITE 204  
VIENNA VA 22182

05/29/1990

**\$13,617.55**


12/11/1997

**5b.** Amount of Capital Contributions in FLORIDA to date:

FL

59-3028719

☐ Applied For  
☐ Not Applicable

 **\$8.75 Additional  
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

**10.** If changed, new Registered Agent/Office:

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

**SIGNATURE (Registered Agent Accepting Appointment)**

DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11c.	Registration? Document Number
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L64711

700002724127--5  
-12/28/88--01143--006  
\*\*\*186.75 \*\*\*186.75

CR2E003 (8/98)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

MANAGED PROPERTIES, INC.  
Mare C. Antikarsai TREASURER

DATE 12/14/98

Typed or Printed Name of General Partner Signing Form

MARC C. HUTCHINSON

Daytime Telephone Number 703-506-1006