


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A31498					
1. Entity Name VILLAS OF WINDSONG, LTD.					
Principal Place of Business 2750 OLD ST AUGUSTINE RD-OFFICE TALLAHASSEE, FL 32301			Mailing Address 2750 OLD ST AUGUSTINE RD-OFFICE TALLAHASSEE, FL 32301		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 63-1033751			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KENNY, JOHN C 241 EAST 6TH AVENUE TALLAHASSEE, FL 32303				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date		
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 #	P31581		STREET ADDRESS		
NAME	ARBOR PROPERTIES, INC.		CITY - ST - ZIP		
STREET ADDRESS	2750 OLD ST. AUGUSTINE RD.				
CITY - ST - ZIP	TALLAHASSEE, FL 32301				
DOCUMENT #			STREET ADDRESS	1100000158694	
NAME			CITY - ST - ZIP	05/07/04-80032-015 150.00	
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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)(l), 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: <i>William G. Thames, Jr</i> <i>President</i> William G. Thames, Jr 4/30/04 (850) 656-7667					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>					

STAPLE CHECK HERE