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DOCUMENT # A31952 1. Entity Name WINTER, COUNTRY GARDEN ASSOCIATES, L.P., LTD.						SECRE DIVISION	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business 1551 SANDSPUR ROAD MAITLAND FL 32751		9 F	Mailing Address % BROAD AND CASSEL P.O. BOX 4961 ORLANDO FL 32802-4961				00 APR -4 AMID: 33			
2. Principal Place of Business . 3. Mailing		Mailing Address	ling Address				81811 11811 81811			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE			
City & State			City & State			4. FEI Number	59-3163985		Applied For	ole
Zip	Cour	ntry	Zip	Country		5. Certificate of	f Status Desired	\$8.75 Fee Re	Additional	Ť
	6. Name and Ad	Idress of Current Regis	tered Agent		Name	7. Name and A	Address of New Regist		<u>'</u>	\exists
B & C CORPORATE SERVICES OF CENTRAL FL,INC 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801					ess (P.O. Box Number	is Not Acceptable)	FL Zip	Code		
8. The above	named entity submi	ts this statement for the p	ourpose of changing its re	gistere	d office or reg	gistered agent, or both	, in the State of Florida.		.	
SIGNATURE .	Signature, typed or printed	name of registered agent and title				equired when reinstating)		DATE		
9. Capital Co	ntributions \$	3,475,000.00	10. Amount of Capital in FLORIDA to date	Contrib	#3,52	3,449.43	11. MAKE CHECK PAY SEE REVERSE SI			
	A GENER	RAL PARTNER THAT	IS A BUSINESS ENTI To be changed on the	TY M	UST BE RE	GISTERED AND AC	TIVE WITH THIS OF	FICE.		
12.	G	ENERAL PARTNER INFO		13.	,		ADDRESS CHANGE			ᅴᇎ
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	AME CED CAPITAL HOLDINGS I, LTD. 1551 SANDSPUR ROAD			l	ET ADORESS - ST - ZIP	00	 0000320		02	CR2E003 (9/99)
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CITY-ST-ZIP DOCUMENT #							· · · · · · · · · · · · · · · · · · ·		,	\dashv
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DOCUMENT # NAME				STRE	ET ADDRESS	<u> </u>	 			
STREET ADDRESS CITY-ST-ZIP				CITY	- ST - ZIP	414	,, <u>,</u>			
DOCUMENT# NAME	, <i>•</i>			STRE	ET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				СПУ	-ST-ZIP					
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 GY. CED CAPITAL HOUSE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER PRESIDENT Date Day In Phone #										
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