A92000000160

APPLICATION FOR
FIRST STATEMENT
FOR
LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 AUG 16 AM 8:30
SECRETARY OF STATE

DOCUMENT # A92000000160

1. Name of Limited Partnership

WINDRIDGE FAMILY INVESTMENTS, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Reg stered To Do Business in Florida: 12/14/1992
2100 Salzedo Street	801 Seabreeze Blvd.	
Suite, Apt #, etc: Suite 303	Suite, Apt #, etc:	5. FEI Number: 65-0477944 ☐ Applied For ☐ Not Applicable
City & State: Coral Gables, FL	City & State: Fort Lauderdale, FL	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip: 33134-4323 Country: USA	Zip: 33316 Country: USA	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: 12.00

8b. Amount of Capital Contributions in **FLORIDA** to date:

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office
2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

FRANK R. BRADY, ESQ.
c/o FRANK BRADY P.A.
370 Camino Gardens Blvd., #341
Boca Raton, FL 33232 US

10. If changed, new registered agent/office

Name: ELLIOT LOWENSTEIN
Street Address (P.O. Box Number Is Not Acceptable): 2100 Salzedo Street #303
Suite, Apt # etc:
City: Coral Gables FL Zip Code: 33134-4323

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 reg stered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): Elliot Lowenstein DATE: 8/9/99

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

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Reg stration Document Number
FREDERICK WINDRIDGE	2 Isla Bahia Terrace	Fort Lauderdale, FL 33316	
KATHLEEN WINDRIDGE	2 Isla Bahia Terrace	Fort Lauderdale, FL 33316	

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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: [signature] DATE: 8/12/99

Typed or Printed Name of General Partner Signing Form: _____ Telephone Number: _____