APPROVAL AND FILED
04 MAY -6 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A92000000160

1. Entity Name
WINDRIDGE FAMILY INVESTMENTS, LTD.

04212004 Chg-LP CR2E003 (10/03)

Principal Place of Business	Mailing Address
801 SEABREEZE BLVD. FORT LAUDERDALE, FL 33316	2100 SALZEDO STREET, SUITE 303 CORAL GABLES, FL 33134-4323
2. Principal Place of Business: 2950 NE 32 ave	3. Mailing Address: 2950 NE 32 ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, Fl	City & State: Ft. Lauderdale FL
Zip: 33308 Country:	Zip: 33308 Country:

4. FEI Number: 65-0477944 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWENSTEIN, ELLIOT
2100 SALZEDO STREET, #303
CORAL GABLES, FL 33134-4323

7. Name and Address of New Registered Agent

Name: Stuart H. Glauser
Street Address (P.O. Box Number is Not Acceptable): 12910 S.W 84th Street
City: Miami FL Zip Code: 33183

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 ✓ [signature] 4/—/04
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. $12.00

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 #		STREET ADDRESS	
NAME	WINDRIDGE, KATHLEEN		
STREET ADDRESS	2950 N.E. 32 AVE	CITY-ST-ZIP	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		
DOCUMENT #		STREET ADDRESS	200037532982
NAME			06/02/04--01005--025 **141.25
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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)(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

SIGNATURE: ✓ [signature] 4/28/04 954 525 7724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE