2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001940

1. Entity Name

RI WINDSOR, LTD.

Principal Place of Business	Mailing Address
5401 SOUTH KIRKMAN ROAD. SUITE 515 ORLANDO FL 32819	5401 SOUTH KIRKMAN ROAD. SUITE 515 ORLANDO FL 32819

2. Principal Place of Business
4305 Vineland Rd

Suite, Apt. #, etc.
G-15A

City & State
ORLANDO FL

Zip
32811   Country

3. Mailing Address
4305 Vineland Rd

Suite, Apt. #, etc.
G-15A

City & State
Orlando FL

Zip
32811   Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3405859

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
DOWNING, GRANT T 222 WEST COMSTOCK AVE., SUITE 101 WINTER PARK FL 32789	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. **$7,500.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 # NAME STREET ADDRESS CITY-ST-ZIP	P96000085000 RI WINDSOR, INC. 5401 SOUTH KIRKMAN ROAD, SUITE 515 ORLANDO FL 32819	STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F97000000250 MOUNTAIN VIEW NATIONAL, INC. 280 PARK AVE., EAST BLDG., 20TH FLOOR NEW YORK NY 10017	STREET ADDRESS CITY-ST-ZIP		500003370175---1 -08/23/00--01101--024 ****541.25 ****541.25
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CR2E003 (5/00)

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 REQUIRED ROBERT ROHDIE   8/10/00   407 333-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #