



**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 14, 2007**

<b>DOCUMENT # A96000001940</b> 1. Entity Name RI WINDSOR, LTD.	
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Principal Place of Business 3100 MONTICELLO AVE SUITE 200 DALLAS, TX 75205	Mailing Address 3100 MONTICELLO AVE SUITE 200 DALLAS, TX 75205
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**DO NOT WRITE IN THIS SPACE**

FILED  
07 JUN -1 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05102007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3405859	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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 06/12/07--01005--026 \*\*3500.00

Signature, typed or printed name of registered agent and use if applicable.

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 14, 2007, Fee will be \$1000.00**

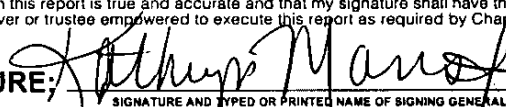
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT #	F97000000250
NAME	MOUNTAIN VIEW NATIONAL, INC.
STREET ADDRESS	3100 MONTICELLO AVE STE 200
CITY - ST - ZIP	DALLAS, TX 75205
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
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CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Kathryn Marshall  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Date 5/15/2007  
Daytime Phone # 214-999-2200

STAPLE CHECK HERE