

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2004**

**DOCUMENT # A99000001579**

1. Entity Name

**MDC SOUTH WIND, LTD.**



**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**04 APR 19 PM 2:11**

Principal Place of Business  
**201 NORTH US HIGHWAY 1, SUITE D-5  
JUPITER FL 33477**

Mailing Address  
**201 NORTH US HIGHWAY 1, SUITE D-5  
JUPITER FL 33477**

2. Principal Place of Business  
**3501 PGA Blvd.**

3. Mailing Address  
**3501 PGA Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 201**

**Suite 201**

City & State

City & State

**Palm Beach Gardens, FL**

**Palm Beach Gardens, FL**

Zip

Zip

**33410**

Country

Country

**Palm Beach**

**33410**

**Palm Beach**

4. FEI Number  
**65-0950188**

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**

**BOYLE, CONRAD J  
201 NORTH US HIGHWAY 1, SUITE D-5  
JUPITER FL 33477**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**11. MAKE CHECK PAYABLE TO FL. 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 # **P99000085501**  
NAME **MDC SOUTH WIND CORP.**  
STREET ADDRESS **201 NORTH US HIGHWAY 1, SUITE D-5**  
CITY-ST-ZIP **JUPITER FL 33477**

STREET ADDRESS **3501 PGA Blvd., Suite 201**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

**200035806912  
05/10/04--01044--017 \*\*\$35.00**

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CITY-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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**2-5-04 561-282-5000**

STAPLE CHECK HERE