

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**DOCUMENT # A99000002187**

1. Entity Name  
**SOUTHWINDS FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**2205 N. SOUTHWINDS, APT. 307  
 VERO BEACH, FL 32963**

Mailing Address  
**979 BEACHLAND BLVD.  
 VERO BEACH, FL 32963**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**

**04 FEB -2 AM 9:59**

**SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA**



01092004 Chg-LP CR2E003 (10/03)

4. FEI Number

**59-3614196**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FENNELL, TODD W  
 979 BEACHLAND BLVD.  
 VERO BEACH, FL 32963**

7. Name and Address of New Registered Agent

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.

**\$0.00**

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

DOCUMENT # **P99000110092**  
 NAME **ST. CLAIR OF VERO BEACH, INC.**  
 STREET ADDRESS **979 BEACHLAND BLVD.**  
 CITY-ST-ZIP **VERO BEACH, FL 32963**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400028010884**  
**02/02/04-01053-007 \*\*141.25**

**M THOMAS**

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 #

STAPLE CHECK HERE