

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

FILED

98 MAR 16 PM 4:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  <b>WINDCREST/WEST ROAD I, LTD.</b>	<b>1a. DOCUMENT #</b> <b>B95000000156</b> <i>98-AR-1cm cus</i>
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<b>Mailing Address</b> 950 N. ORLANDO AVE., SUITE 320 WINTER PARK FL 32789	<b>Principal Office Address</b> 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801	<b>3. Date Formed or Registered</b> 05/02/1995	<b>5a. Capital Contributions as Shown on record.</b> \$1,000.00
		<b>3a. Date of Last Report</b> 05/21/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$1,000.00
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>4. State or Country of Formation</b> TX	<b>6. FEI Number</b> 76-0470082 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>

<b>9. Name and Address of Current Registered Agent</b> B&C CORPORATE SERVICES OF CENTRAL FLA., INC 390 NORTH ORANGE AVE., STE. 1100 ORLANDO FL 32801	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> WINDCREST/WEST ROAD II, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 950 N. ORLANDO AVE., WINTER PARK FL 32789	<b>11b. City, State &amp; Zip Code</b> WINTER PARK FL 32789	<b>11c. Registration/Document Number</b> P95000011151
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**100002465651--3**  
**-03/23/98--01124--027**  
**\*\*\*\*150.00 \*\*\*\*150.00**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE **2/20/98**

**As Vice President of Windcrest/West Road II, Inc.**  
**The General Partner of Windcrest/West Road I, Ltd.**  
**The General Partner of Windcrest/West Road, Ltd.**

Typed or Printed Name of General Partner Signing Form

Reserve Telephone Number (407) 628-4544

CR2E003 (12/97)