

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 31 PM 2:24

1. Name of Limited Partnership

1a. DOCUMENT #
B95000000156

WINDCREST/WEST ROAD I, LTD.



Mailing Address 950 N. ORLANDO AVE., SUITE 320 WINTER PARK FL 32789		Principal Office Address 390 NORTH ORANGE AVE., SUITE 1100 ORLANDO FL 32801		3. Date Formed or Registered 05/02/1995	5a. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address P.O. Box 4961 Orlando, FL 32802-4961 USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 03/16/1998	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation TX	
				6. FEI Number 76-0470082	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLA., INC 390 NORTH ORANGE AVE., STE. 1100 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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.**

11. Name(s) of General Partner(s) WINDCREST/WEST ROAD II, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 950 N. ORLANDO AVE., #320	11b. City, State & Zip Code WINTER PARK FL 32789	11c. Registration/ Document Number B95000011151
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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

Typed or Printed Name of General Partner Signing Form

Charles B. Palmer, President

Daytime Telephone Number

407/628-4544

CR2E003 (8/98)