

1395000000462



95 DEC 19 PM 12:06
DIVISION OF CORPORATIONS

FILED OF STATE
SECRETARY OF CORPORATIONS
95 DEC 19 PM 1:53

ACCOUNT NO. : 072100000032
REFERENCE : 775561 4134B
AUTHORIZATION : Patricia Pzyt
COST LIMIT : \$ 148.75

ORDER DATE : December 19, 1995

ORDER TIME : 10:52 AM

ORDER NO. : 775561

400001665604

CUSTOMER NO: 4134B

CUSTOMER: Ms. Laurie Bergstresser
Broad And Cassel
Suite 1100
390 N. Orange Avenue
Orlando, FL 32801

FOREIGN FILINGS

NAME: WINDCREST/PARKSIDE I, LTD.

XXX PROFIT
 NON-PROFIT

 CORPORATE
XXX LIMITED PARTNERSHIP

XXX QUALIFICATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXX CERTIFIED COPY
 PLAIN STAMPED COPY
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

BM
12/19/95

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. Windcrest/Parkside I, Ltd.
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Texas
(State of Formation)

4. _____
(Date of Formation)

5. B&C Corporate Services of Central Florida, Inc.
(Name of Registered Agent for Service of Process)

6. 390 N. Orange Avenue, Suite 1100
(Street Address of Registered Office)

Orlando

(City)

Florida 32801

(Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

Randal M. Alligood
(Agent must sign on this line)

Randal M. Alligood, Vice President

8. 950 N. Orlando Ave., Ste. 320, Winter Park, FL 32789
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Windcrest/Parkside II, Inc.,
a Florida corporation

SPECIFIC ADDRESS

950 N. Orlando Ave., Ste. 320
Winter Park, FL 32789

895 0000 35403

10. 950 N. Orlando Ave., Ste. 320, Winter Park, Florida 32789
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 950 390 N. Orlando Ave., Ste. 320, Winter Park, FL 32789
(Mailing Address of Limited Partnership)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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This _____ day of _____, 19 95.

WINDCREST/PARKSIDE I, INC.

General Partner

Charles B. Palmer, President

STATE OF Florida

COUNTY OF Orange

THE FOREGOING instrument was acknowledged and sworn to before me this _____ day of _____, 19 95, by Charles B. Palmer, President of _____ (Name of General Partner) of _____

Windcrest/Parkside I, Ltd.

(Name of Limited Partnership), A Texas _____ (State or Country) Limited Partnership, on behalf of the Limited Partnership.

Notary Public

State of _____ at Large

My Commission Expires: _____

(SEAL)

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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared Charles B. Palmer, President of
general partner of Windcrest/Parkside I, Ltd. Windcrest/Parkside II, Inc., a
Texas, limited partnership, hereinafter referred to as the "Partnership", who
certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 990.00.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.00.

This _____ day of _____, 1995.

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are true to the best of my knowledge and belief.

General Partner
WINDCREST/PARKSIDE II, INC., a Florida corporation
Charles B. Palmer, President

STATE OF _____
COUNTY OF _____
DATE _____

BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared _____ (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this _____ day of _____, 19____.

Seal

Notary Public

State of _____ at Large
My Commission Expires: _____

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
DEC 19 PM 1:53

FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND 5000 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN -2 PM 12:25

1. Name of Limited Partnership

Windcrest/Parkside I, Ltd.

1a. DOCUMENT #

B95000000462

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

Mailing Address

950 N. Orlando Ave.
Suite 320
Winter Park, FL 32789

Principal Office Address

Same

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA 12/19/95

3a. Date of Last Report
n/a

4. State or Country of Formation
Florida

5a. Capital Contributions as Shown
on Record
990.00

5b. Amount of Capital Contributions in
FLORIDA to date
0.00

6. FEI Number

X

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

X

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50.
2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75).
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

B&C Corporate Services of Central
Florida, Inc.
390 N. 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

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organization 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/Parkside II,
Inc.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

950 N. Orlando Ave.
Suite 320

11b. City, State & Zip Code

Winter Park, FL 32789

11c. Registration/
Document Number

P95000035403

200001684072
-01/10/96--01056--005
****200.00 ****200.00

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 Section 620.192, Florida Statutes.

Windcrest/Parkside II, Inc.

SIGNATURE

Charles B. Palmer, President

DATE

(407)628-4544

Typed or Printed Name of General Partner Signing Form

Telephone No.

CR2E003 (6/95)