

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000207

1. Entity Name

WINDSOR AT LAKEPOINTE LIMITED PARTNERSHIP

Principal Place of Business

600 ATLANTIC AVE., SUITE 2000
BOSTON MA 02210

Mailing Address

600 ATLANTIC AVE., SUITE 2000
BOSTON MA 02210

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED

02 APR 22 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

4. FEI Number

65-0830707

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # F98000001905
NAME WINDSOR AT LAKEPOINTE INVESTORS CORPORATIO
STREET ADDRESS 600 ATLANTIC AVE., SUITE 2000
CITY-ST-ZIP BOSTON MA 02210

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

100005315871 2

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/17/02

Date

617-973-9680

Daytime Phone #

CR2E003 (9/01)

0017535 AT



B98000000207

ACCOUNT NO. : 072100000032

REFERENCE : 518563 4383898

AUTHORIZATION :

COST LIMIT : \$ 141.25

Patricia Pryor

ORDER DATE : April 9, 2002

ORDER TIME : 2:28 PM

ORDER NO. : 518563-210

CUSTOMER NO: 4383898

CUSTOMER: Ms. Kit Kelly
General Investment &
Suite 2000
600 Atlantic Avenue
Boston, MA 02210

FILED
02 APR 22 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: WINDSOR AT LAKEPOINTE
LIMITED PARTNERSHIP

BK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

BK

CONTACT PERSON: Deborah Schroder

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
81118

EXAMINER'S INITIALS: 02 APR 22 PM 3:22

RECEIVED