

2001 UNIFORM BUSINESS REPORT (UBR)

0015542 AF

DOCUMENT # B98000000479

1. Entity Name

WINDSOR AT PARK TERRACE LIMITED PARTNERSHIP

Principal Place of Business

1013 CENTRE ROAD
WILMINGTON DE 19805

Mailing Address

C/O GENERAL INVESTMENT & DEVELOPMENT CO.
600 ATLANTIC AVENUE, SUITE 2000
BOSTON MA 02210

FILED

01 MAY -3 PM 12:03



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0851504

Applied For

Not Applicable

Zip

Country

Zip

Country

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 32301-2525

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,000.00

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 this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F98000004244
NAME WINDSOR AT PARK TERRACE INVESTORS CORP.
STREET ADDRESS 600 ATLANTIC AVENUE, SUITE 2000
CITY-ST-ZIP BOSTON MA 02210

STREET ADDRESS

CITY-ST-ZIP

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05/30/01 01096-005

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STREET ADDRESS

CITY-ST-ZIP

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:

Peter S. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/27/01

Date

(617) 973-9686

Daytime Phone #

CR2E003 (11/00)