

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**

**02 APR 22 PM 4:11**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2002**

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.

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 the 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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CITY-ST-ZIP

CP2E003 (9/01)

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 #



# B98000000479

ACCOUNT NO. : 072100000032

REFERENCE : 518563 4383898

AUTHORIZATION :

COST LIMIT :

*Patricia Pizant*

ORDER DATE : April 9, 2002

ORDER TIME : 2:29 PM

ORDER NO. : 518563-215

CUSTOMER NO: 4383898

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

FILED  
02 APR 22 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ANNUAL REPORT FILING

NAME: WINDSOR AT PARK TERRACE  
LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

**BK**

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schröder Ext. 1118

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
02 APR 22 PM 3:21