


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # B98000000599 1. Entity Name REGISTRY AT WINDSOR PARKE, L.P.	
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Principal Place of Business 8711 PERIMETER PARK BLVD. SUITE 11 JACKSONVILLE, FL 32216	Mailing Address 8711 PERIMETER PARK BLVD. SUITE 11 JACKSONVILLE, FL 32216
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3326647	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FORT, DONALD C
8711-11 PEREMETER PARK BLVD.
JACKSONVILLE, FL 32216**

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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.

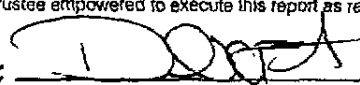
12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HURRICANE HOLE INC. 8711 PERIMETER PARK BLVD., SUITE 11 JACKSONVILLE, FL 32216
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04/07/06-80002-002 508.75

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Donald C. Fort** (904) 641-0018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE