

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**  
96 NOV 13 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  WINDWOOD OAKS, LTD.	<b>1a. DOCUMENT #</b> <b>A18254</b>  <i>97-AA CUS CM</i>
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<b>Mailing Address</b> 701 WEST FLETCHER AVENUE SUITE A TAMPA FL 33612	<b>Principal Office Address</b> 701 WEST FLETCHER AVENUE SUITE A TAMPA FL 33612
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3. Date Formed or Registered</b> 11/14/1984	<b>5a. Capital Contributions as Shown on record.</b> \$1,590,065.00
<b>3a. Date of Last Report</b> 11/28/1995	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> 1,590,065.00
<b>4. State or Country of Formation</b> FL	
<b>6. FEI Number</b> 59-2497696	
<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  SCHOFIELD, RICHARD D. 701 WEST FLETCHER AVENUE SUITE A TAMPA FL 33612
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<b>10. If changed, new Registered Agent/Office</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ <b>FL</b> Zip Code _____
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**10a.** Pursuant to the provisions of sections 620.105-1 and 620.192, Florida Statutes, the above-named limited partnership organized or 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MENDEZ/CHUNN FIANCIAL	101 E. KENNEDY #3170	TAMPA FL	G66480
WINDWOOD ASSOCIATES, LTD	701 W. FLETCHER AVE,	TAMPA FL	A20362

500002013775--3  
 -11/28/96--01043--001  
 \*\*\*585.00 \*\*\*585.00

**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 Chapter 620, Florida Statutes.

SIGNATURE *Richard D. Schofield* DATE *11/12/96*  
 Typed or Printed Name of General Partner Signing Form *Richard D. Schofield* Daytime Telephone Number *813-963-3500*

CR2E003 (6/96)