						j .	
DOCUMENT # A0100000531 1. Entity Name					FILED		
WOODMERE HOLDINGS, L.L.L.P. #11)–1	02 MAY -2	PM 2: 25	
Principal Place of Business 240 S. PINEAPPLE AVE 10TH FLOOR SARASOTA FL 34236 Mailing Address P.O. BOX 49948 SARASOTA FL 34230-6948					SECRETARY OF STATE. TALLAHASSEE, FLORIDA		
Principal Place of Business 3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2002		
City & State City & State				4. FEI Number Applied For 65–1096192 Not Applicable			
Zip	Zip Country Zip		Country		_	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KNOWLES, CHARLES 4034 ROBERTS POINT ROAD				Name Knowles, Charles Street Address (P.O. Box Number is Not Acceptable) G/O David S: Band			
SARASOTA FL 34242				240 S. P	S. Pineapple Avenue - 10th FL		
				City Saras	Sarasota FL Zip Code 34236		
8. The above named entity submits this statement for the purpose of changing its regist				d office or registere	ffice or registered agent, or both, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.							
9. Capital Contributions as Shown on record. \$1,050,000.00 10. Amount of Capital Contributions in FLORIDA to date. \$1,050,000.00 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		13.		ADDRESS CHANGI	•	
DOCUMENT #	BAND, DAVID S 240 S. PINEAPPLE AVE 10TH FLOOR SARASOTA FL 34236		STREE	T ADDRESS			
NAME STREET ADDRESS CITY-ST-ZIP			CITY-				
DOCUMENT #	P97000028904 VENTURE NET, INC.		STREE	T ADDRESS	7000055552072		
STREET ADDRESS CITY-ST-ZIP	ADDRESS 4034 ROBERTS POINT ROAD			ST-ZIP	7000055552072 -85/16/0201058003 *****526.25 *****526.25		
DOCUMENT # NAME				T ADDRESS			
STREET ADDRESS CITY-ST-ZIP	SS /			ST-ZIP			
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STREET ADDRESS CITY-ST ZIP			CITY-S	ST-ZIP			
DOCUMENT # NAME } >			STREE	T ADDRESS			
STREET DDRESS CITY-SI-ZIP			CITY-S	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							

David-S. Band, General Partner 2/12/02 (941) 366-6660