


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01000000531**

1. Entity Name  
**WOODMERE HOLDINGS, L.L.L.P.**



Principal Place of Business  
**240 S. PINEAPPLE AVE. - 10TH FLOOR**  
**SARASOTA, FL 34236**

Mailing Address  
**P.O. BOX 5668**  
**SARASOTA, FL 34277-5668**



04052006 No Chg-LP CR2E003 (11/05)

4. FEI Number <b>65-1096192</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**KNOWLES, CHARLES**  
**C/O DAVID S. BAND**  
**240 S. PINEAPPLE AVENUE, 10TH FLOOR**  
**SARASOTA, FL 34236**

**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	<b>BAND, DAVID S</b> <b>240 S. PINEAPPLE AVE. - 10TH FLOOR</b> <b>SARASOTA, FL 34236</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000028904</b> <b>VENTURE NET, INC.</b> <b>4034 ROBERTS POINT ROAD</b> <b>SARASOTA, FL 34242</b>
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 04/28/06-80020-016 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

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:**  **4/10/06 941-349-6400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #