


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Feb 19, 2008 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**

DO NOT WRITE IN THIS SPACE



02062008 No Chg-LP CR2E003 (12/06)

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

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 **02/27/08-80082-014 500.00**

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

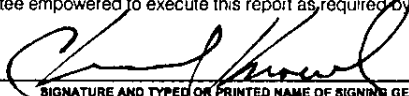
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	BAND, DAVID S 240 S. PINEAPPLE AVE. - 10TH FLOOR SARASOTA, FL 34236
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P97000028904 VENTURE NET, INC. 4034 ROBERTS POINT ROAD SARASOTA, FL 34242
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **2-11-08** **941-349-6400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE