


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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAY -1 AM 8:21

DOCUMENT # A96000002467  
 1. Entity Name  
 WOOTEN FAMILY PARTNERSHIP, LTD.



Principal Place of Business  
 32330 E. TAMiami TRAIL  
 OCHOPEE, FL 34141

Mailing Address  
 32330 E. TAMiami TRAIL  
 OCHOPEE, FL 34141

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country



04252008 Chg-LP CR2E003 (12/06)

4. FEI Number  
 65-0698551

Applied For  
 Not Applicable

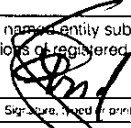
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~HUDGINS, THOMAS F~~  
 801 12TH AVENUE SOUTH  
 SUITE 200  
 NAPLES, FL 34102

Christopher C. Soud  
 150 South Main Street  
 Suite 1  
 LaBelle, FL  
 33935

7. Name and Address of New Registered Agent  
 Name Christopher C Soud  
 Street Address (P.O. Box Number is Not Acceptable)  
 150 S Main St. Ste 1  
 City LaBelle FL Zip Code 33935

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 4.25.08

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WOOTEN, S. GENE TRUSTEE	STREET ADDRESS	32330 Tamiami Trail East
NAME	HCR 61 BOX 120	CITY-ST-ZIP	Ochopee, FL 34141-2006
STREET ADDRESS	OCHOPEE, FL 34141	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

000128041448  
 05/01/08--01031--011 \*\*500.00

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:  DATE Apr 26, 08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Day/Mo/Yr

STAPLE CHECK HERE