

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000508

1. Entity Name
WOODSHIRE INVESTMENTS, LTD.

Principal Place of Business: 127 DA VINCI DRIVE, NOKOMIS FL 34275-4222
Mailing Address: 127 DA VINCI DRIVE, NOKOMIS FL 34275-4222

FILED
Mar 03 2000 8:00 am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0736808	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
STRYKER, JOHN E 127 DA VINCI DRIVE NOKOMIS FL 34275-4222			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$244,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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 INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	STRYKER, JOHN E 127 DA VINCI DRIVE NOKOMIS FL 34275-4222	STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #	STRYKER, GERTRUDE F 127 DA VINCI DRIVE NOKOMIS FL 34275-4222	STREET ADDRESS	900003172539--4 -03/16/00--01063--003
NAME		CITY - ST - ZIP	***526.25 ***526.25
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	mf 3/15/00
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			

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

SIGNATURE: *John E Stryker* **REQUIRE SIGNATURE** STRYKER 2-28-00 941 966-6619
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)