

2002 UNIFORM BUSINESS REPORT (UBR)

0015688 AT

DOCUMENT # A97000000508

1. Entity Name
WOODSHIRE INVESTMENTS, LTD.

FILED

02 MAR 14 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJM



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

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip | Country |

DUE BY MAY 1, 2002

| | | |
|---|---|---|
| 4. FEI Number 65-0736808 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

STRYKER, JOHN E
127 DA VINCI DRIVE
NOKOMIS FL 34275-4222

7. Name and Address of New Registered Agent

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

| | | |
|---|---|--|
| 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 | |
|---------------------------------|-----------------------|
| DOCUMENT # | STRYKER, JOHN E |
| NAME | 127 DA VINCI DRIVE |
| STREET ADDRESS | NOKOMIS FL 34275-4222 |
| CITY-ST-ZIP | |
| DOCUMENT # | STRYKER, GERTRUDE F |
| NAME | 127 DA VINCI DRIVE |
| STREET ADDRESS | NOKOMIS FL 34275-4222 |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|--|
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | 200005169892--4 |
| CITY-ST-ZIP | -03/26/02--01066--001 ****526.25 ****526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-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

SIGNATURE: *John E. Stryker* **JOHN E. STRYKER** 2-22-02 941 966-6619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STARTLE CHECK HERE

CR2E003 (9/01)