


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

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000000508	
1. Entity Name WOODSIDE INVESTMENTS, LTD.	

Principal Place of Business 6130 W ELTON AVENUE SUITE 101 LAS VEGAS, NV 89107	Mailing Address 6130 W ELTON AVENUE SUITE 101 LAS VEGAS, NV 89107
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DO NOT WRITE IN THIS SPACE



04142006 No Chg-LP	CRZE003 (11/05)
4. FEI Number 65-0736808	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 GANS, RICHARD R 1515 RINGLING BLVD 10TH FL SARASOTA, FL 34236

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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 _____ <small>Signature, typed or printed name of registered agent and file if applicable.</small>	DATE _____
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**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**U00000522557
05/03/06-80035-002 500.00**

**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	ERICK K STRYKER & ROBIN L STRYKER (JOHN E 6130 W ELTON AVENUE, SUITE 101 LAS VEGAS, NV 89107
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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:  ERIC K. STRYKER	4/14/06 (702) 631-7855
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER.</small>	<small>Date Day/Mo/Phone #</small>