
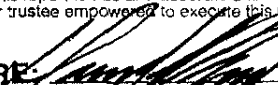


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000716					
1. Entity Name WOODMERE ASSOCIATES, LTD.					
Principal Place of Business 240 SOUTH PINEAPPLE AVE., 10TH FLOOR SARASOTA, FL 34236			Mailing Address P.O. BOX 49948 SARASOTA, FL 34230-6948		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent KNOWLES, CHARLES 4034 ROBERTS POINT RD. SARASOTA, FL 34242				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and the filer, if applicable</small>					
9. Capital Contributions as Shown on record, \$10,000,000.00			10. Amount of Capital Contributions in FLORIDA to date		
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 #	P99000039798		STREET ADDRESS		
NAME	WOODMERE DEVELOPMENT, INC.		CITY-ST-ZIP		
STREET ADDRESS	240 SOUTH PINEAPPLE AVE., 10TH FLOOR				
CITY-ST-ZIP	SARASOTA, FL 34236				
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS	000000365618	
NAME			CITY-ST-ZIP	05/11/05-80008-024 526 25	
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NAME			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)(f), 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 			David S. Band, Director of Woodmere Development, Inc., General Ptr.		
			3/11/05		941-366-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #



02232005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0917340 Applied For Not Applicable

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

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