


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 24, 2006 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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country



02282006 Chg-LP OR2E003 (11/05)

4. FEI Number
 65-0917340 Applied For
 Not Applicable

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

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

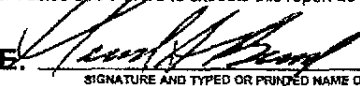
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P99000039798	WOODMERE DEVELOPMENT, INC.	240 SOUTH PINEAPPLE AVE., 10TH FLOOR	SARASOTA, FL 34236

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

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 820, Florida Statutes

SIGNATURE:  David S. Band, Director 3/15/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #