


**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

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 #

STAPLE CHECK HERE