

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0015721 AT

DOCUMENT # A99000000716 #8241-1



FILED
03 APR 16 AM 7:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number 65-0917340
Zip	Country	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

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.

9. Capital Contributions as Shown on record. \$10,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	P99000039798
NAME	WOODMERE DEVELOPMENT, INC.
STREET ADDRESS	240 SOUTH PINEAPPLE AVE., 10TH FLOOR
CITY-ST-ZIP	SARASOTA FL 34236
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	500016108935
	04/16/03--01037--022 **526.25
STREET ADDRESS	
CITY-ST-ZIP	
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 _____ **REQUIRE** **Florida corporation** 03/17/03 (941) 366-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **General Partner** Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)