

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000000590

1. Entity Name
DEWOODY FAMILY LIMITED PARTNERSHIP



Principal Place of Business
C/O DONALD K. AND KATHLEEN F. DEWOODY
509 EAGLETON COVE TRACE
PALM BEACH GARDENS, FL 33418

Mailing Address
C/O DONALD K. AND KATHLEEN F. DEWOODY
509 EAGLETON COVE TRACE
PALM BEACH GARDENS, FL 33418



04152007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0093893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEWOODY, DONALD K
509 EAGLETON COVE TRACE
PALM BEACH GARDENS, FL 33418

DO NOT WRITE
IN THIS SPACE

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

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

U000000719693

05/01/07-80079-019 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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
DEWOODY, DONALD K
509 EAGLETON COVE TRACE
PALM BEACH GARDENS, FL 33418

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
DEWOODY, KATHLEEN F
509 EAGLETON COVE TRACE
PALM BEACH GARDENS, FL 33418

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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: *Donald K Dewoody* DONALD K DEWOODY 4/14/07 (561) 626-1310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE