

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 23, 2008 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



04202008 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

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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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

U000000917747
05/13/08-80056-007 500.00

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 **DEWOODY, DONALD K**
STREET ADDRESS **509 EAGLETON COVE TRACE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

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

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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** *4/20/08* *(561)626-1310*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE