## 2009 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A00000000590

Name:

Address:

City-St-Zip:

DEWOODY, KATHLEEN F

509 EAGLETON COVE TRACE

PALM BEACH GARDENS, FL 33418

Entity Name: DEWOODY FAMILY LIMITED PARTNERSHIP

FILED Apr 17, 2009 Secretary of State

| Current Principal Place of Business:   |                                       |  | New Principal Place of Business:          |                                       |  |
|--|---------------------------------------|--|---|---------------------------------------|--|
| C/O DONALD K. AND KATHLEEN F. DEWOODY<br>509 EAGLETON COVE TRACE<br>PALM BEACH GARDENS, FL 33418 |                                       |  |   |                                       |  |
| Current Mailing Address:   |                                       |  | New Mailing Address:                      |                                       |  |
| 509 EAGLE  | LD K. AND K<br>ETON COVE<br>CH GARDEN |  |   |                                       |  |
| FEI Number:  | 65-0093893                            | FEI Number Applied For ( )                   | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |  |
| Name and Address of Current Registered Agent:  |                                       |  | Name and Address of New Registered Agent: |                                       |  |
| 509 EAGLE  | Y, DONALD K<br>ETON COVE<br>CH GARDEN | TRACE  |   |                                       |  |
| The above in the State   |                                       | submits this statement for the               | purpose of changing its registere         | d office or registered agent, or both |  |
| SIGNATUR   | RE:                                   |  |   |                                       |  |
|  | Electro                               | nic Signature of Registered Ag               | ent                                       | Date                                  |  |
| GENERAL PARTNER INFORMATION:   |                                       |  | ADDRESS CHANGES ON                        | ADDRESS CHANGES ONLY:                 |  |
| Document #:<br>Name:<br>Address:<br>City-St-Zip:<br>Document #:                                  |                                       | ONALD K<br>N COVE TRACE<br>GARDENS, FL 33418 | Address:<br>City-St-Zip:                  |                                       |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 GP 04/17/2009