2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

Apr 22, 2004 08:00 AM Secretary of State DOCUMENT # A00000000635 1. Entity Name THE WOODWARD FAMILY LIMTED PARTNERSHIP Mailing Address Principal Place of Business 167 RIDGEWOOD AVENUE 167 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 HOLLY HILL, FL 32117 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt # etc 03192004 Chg-LP CR2E003 (10/03) Applied For City & State 4. FEI Number City & State 59-3649206 Not Applicable Zip Country \$8.75 Additional Zin Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODWARD, MARILYN C Street Address (P.O. Box Number is Not Acceptable) 167 RIDGEWOOD AVENUE HOLLY HILL, FL 32117 City Zin 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 Sgratue typic or printed name of registered agent and title if appricable DATE 10. Amount of Capital Contributions 9. Capital Contributions \$0.00 in FLORIDA to date. as Shown on tecord 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS WOODWARD, MARILYN C 167 RIDGEWOOD AVENUE STREET ADDRESS City-ST-ZIP HOLLY HILL, FL 32117 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-St-7iP CITY-ST-ZIP UCOCO0138380 DOCUMENT # 04/29/04-80078-012 141.25 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

FILED

4-19 04