2002	IINIEORM	<b>BUSINESS</b>	REPORT	/IIRR\
2002	OHIFURIM	DO3IME33	REPURI	(UDN)

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DOCUMENT # A0000001700						EILED STATE AS 20		
TITLE PARTNERS OF WOODSTOCK, LTD.					IVISION OF CORPORATIONS			
Principal Place of Business Mailing Address  2617 SANDY PLAINS RD SUITE A 1715 N. WESTSHORE RLVD MARIETTA GA 30066 TAMPA PL 33607			VD. SUIT	E 990_		02 MAY 16 PH 12: 16		
2. Principal Place of Business  3. Mailing Address  3. Compared to the second s		king Road			1 (80) 211 (31) 8237 8217 8317 8877 3071 3011 8810 1820 1721 (88) 8317 8877 1821			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suy 4 e 2			00			DUE BY MAY 1, 2002		
City & State		City & State Largo, FL			<b>4.</b> FEI Number			
Zip		Country	Zip 777	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Current F	legistered Agent				7. Name and Address of New Registered Agent	
TITLE PARTNERS OF AMERICA, INC. 1715 N. WESTSHORE BLVD., SUITE 990					Name AME Street Address (P.O. Box Number is Not Acceptable) 7360 BRUAN DAIRU RO			
TAMPA FL 33607				SUITE 200				
R The above	named entity	submits this statement for	the purpose of changing its	ragistare	City L		60 FL Zip Code 33777 ed agent, or both, in the State of Florida.	
o. The above	named emily	· Subtritis trits statement for	the purpose of changing its	iogistore	sa onice or re	gisteri	ed agent, or both, in the State of Plonda.	
SIGNATURE .		or printed name of registered agent ar					DATE	
9. Capital Contributions as Shown on record.  \$37,500.00  10. Amount of Capital Contributions in FLORIDA to date				ate.			11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
		General Partners MA	/ NOT be changed on the	ne form			ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.	
12.		GENERAL PARTNER	INFORMATION	13.	-		ADDRESS CHANGES ONLY	
DOCUMENT#	P9500004		410	STRE	STREET ADDRESS 7)		1 1 1 Cha	
NAME STREET ADDRESS			CITY-	ST-ZIP	13 6 . 1	rzo FL 3377		
CITY-ST-ZIP DOCUMENT #	TAMPA FL 33607		STRE	ET ADDRESS	<u> </u>	748, 72 33777		
NAME Street address					-ST-ZIP			
DOCUMENT #			<del></del>		ET ADDRESS		9000056785893	
name Street address					ST-ZIP		-06/04/0201093010 ****360.00 ****360.00	
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NAME Street address					ET ADDRESS			
CITY-ST-ZIP				CITY-	ST-ZIP			
DOCUMENT #   NAME				STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-	ST-ZIP			
DOCUMENT # NAME				STREE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	<u> </u>			CITY-	ST-ZIP			
14. I hereby of indicated the receive	ertify that the on this repor	information supplied with to the true and accurate and the amnowers to this	his filing does not qualify for nat my signature shall have the	the exer	nption stated legal effect a	in Sec as if m	ction 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a General Partner of the limited partnership or	

SIGNATURE:

Daytime Phone #