

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A00000001745

1. Entity Name
WOODBERRY FAMILY LIMITED LIABILITY PARTNERSHIP



Principal Place of Business
 1659 HULL CIRCLE
 ORLANDO, FL 32806-3177

Mailing Address
 1659 HULL CIRCLE
 ORLANDO, FL 32806-3177

FILED

06 FEB -8 AM 10:34

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01192006

Chg-LP

CR2E003 (11/05)

4. FEI Number

59-7196619

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLICK, JAMES J
608 EAST CENTRAL BLVD. 112 LAKE AVENUE
ORLANDO, FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **WOODBERRY, RICHARD COLLINS, JR., TRUSTEE**
 STREET ADDRESS **1659 HULL CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 328063177**

STREET ADDRESS
400065403024
 CITY-ST-ZIP **02708706--01003--017 **552.50**

DOCUMENT #
 NAME **WOODBERRY, LOUISE F TRUSTEE**
 STREET ADDRESS **1659 HULL CIRCLE**
 CITY-ST-ZIP **ORLANDO, FL 328063177**

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 CITY-ST-ZIP

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

Louise F. Woodberry, Trustee

Feb 2, 2006 407892-5886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE