

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

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| DOCUMENT # A00000001745 1. Entity Name WOODBERRY FAMILY LIMITED LIABILITY PARTNERSHIP | | | | <div style="position: absolute; top: 0; right: 0; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="position: absolute; bottom: 0; left: 0; font-weight: bold; font-size: 0.8em;">2007 MAR 13 AM 10:09</div> | |
| Principal Place of Business 1659 HULL CIRCLE ORLANDO FL 32806-3177 | | Mailing Address 1659 HULL CIRCLE ORLANDO FL 32806-3177 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address 900 Crooked Oak Ct Suite, Apt. #, etc. Longwood FL City & State 32779 | | 4. FEI Number 59-7196619 | |
| City & State Zip | | City & State Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Country USA | | 6. Name and Address of Current Registered Agent FLICK, JAMES J 112 LAKE AVENUE ORLANDO FL 32801 | | | |
| 7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | |
| FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State. | | | | | |
| 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 | STREET ADDRESS | CITY | ST | ZIP |
| RICKERSON, DONNA W TRUSTEE | 1609 FAHNSTOCK STREET | EUSTIS FL 32726 | | | |
| WOODBERY, LOUISE F TRUSTEE | 1659 HULL CIRCLE | ORLANDO FL 32806-3177 | | | |
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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: <u>Louise F. Woodberry (Trustee)</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | 2/24/07 (407) 898-5886 <small>Date Daytime Phone #</small> | | |

STAPLE CHECK HERE