

2002 UNIFORM BUSINESS REPORT (UBR)

0007598 AT

DOCUMENT # A01000000240
1. Entity Name
 WOODLAND POINT LIMITED PARTNERSHIP

FILED
 02 APR -5 PM 2-01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 247 NORTH WESTMONTE DRIVE
 ALTAMONTE SPRINGS FL 32714

Mailing Address
 247 NORTH WESTMONTE DRIVE
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COSTOLO, W. TERRY ESQ.
 215 NORTH EOLA DRIVE
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name: Costolo, W. Terry, Esq.
 Street Address (P.O. Box Number is Not Acceptable): 301 E. Pine St., Ste. 1400
 City: Orlando FL Zip Code: 32801

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.

SIGNATURE: *W. Terry Costolo* DATE: 4-2-02

9. Capital Contributions as Shown on record. \$999.90

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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	
DOCUMENT #	PICERNE WOODLAND POINT LLC
NAME	247 NORTH WESTMONTE DRIVE
STREET ADDRESS	ALTAMONTE SPRINGS FL 32714
CITY-ST-ZIP	
DOCUMENT #	L0100000 2489
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	600005235856--5 -04/10/02 81063 009
STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Robert M. Picerno* Date: 4/4/02 Daytime Phone #: 407-772-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/01)

STAPLE CHECK HERE