

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Jun 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A0100000240
 1. Entity Name
WOODLAND POINT LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
247 NORTH WESTMONTE DRIVE **247 NORTH WESTMONTE DRIVE**
ALTAMONTE SPRINGS, FL 32714 **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



04142004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent
COSTOLO, W. TERRY ESQ.
301 EAST PINE STREET, SUITE 1400
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 _____
Signature: typed or printed name of registered agent, and title if applicable

9. Capital Contributions as Shown on record. **\$999.90** 10. Amount of Capital Contributions in FLORIDA to date.

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 #	L01000002489	STREET ADDRESS	
NAME	PICERNE WOODLAND POINT LLC	CITY-ST-ZIP	
STREET ADDRESS	247 NORTH WESTMONTE DRIVE		
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714		
DOCUMENT #		STREET ADDRESS	
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER