2007 LIMITED PARTNERSHIP ANNUAL REPORT • Due By May 1, 2007

DOCUMENT # A0100000240

1. Entity Name

WOODLAND POINT LIMITED PARTNERSHIP



FILED
May 01, 2007 08:00 A
Secretary of State

Principal Place of Business

247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714

Mailing Address

247 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS, FL 32714



03302007 No Chg-LP

CR2E003 (12/06)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

COSTOLO, W. TERRY ESQ. (5) 301 EAST PINE STREET, SUITE 1400 ORLANDO, FL 32801

APR 1 7 2007 8312

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of changing its regis the obligations of registered agent.	tered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
A Committee of the Comm	U00000752893
SIGNATURE ———————	AE /A4 /A3 AAAAAA BAA AA
Signature, typed or printed name of registered agent and little if applicable.	US/ZI/U1 6UUSUSAHUZ 5UU.UU
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY	MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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 L01000002489 DOCUMENT # NAME PICERNE WOODLAND POINT LLC STREET ADDRESS 247 NORTH WESTMONTE DRIVE CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/21/03

Daytime Phone #