## 2011 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A0100000240

Entity Name: WOODLAND POINT LIMITED PARTNERSHIP

FILED Apr 11, 2011 Secretary of State

| Current Principal Place of Business:          |                            |   | New Principal Place of Business:  |   |  |
|---|----------------------------|---|-----------------------------------|---|--|
|   | H WESTMON<br>TE SPRINGS,   |   |                                   |   |  |
| Current Mailing Address:                      |                            |   | New Mailing Address:              |   |  |
|   | H WESTMON<br>TE SPRINGS,   |   |                                   |   |  |
| FEI Number:                                   | 42-1555409                 | FEI Number Applied For ( )                          | FEI Number Not Applicable ( )     | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |                            |   | Name and Address o                | Name and Address of New Registered Agent: |  |
|   | HORANGE A                  | VICES OF CENTRAL FLORIDA<br>VENUE, SUITE 1400<br>US | 4                                 |   |  |
| The above in the State                        |                            | submits this statement for the p                    | urpose of changing its registered | d office or registered agent, or bot      |  |
| SIGNATUR                                      | :E:                        |   |                                   |   |  |
|   | Electror                   | nic Signature of Registered Age                     | ent                               | Date                                      |  |
| GENERAL PARTNER INFORMATION:                  |                            |   | ADDRESS CHANGES                   | ONLY:                                     |  |
| Document #:<br>Name:                          | L09000118788<br>WOODLAND G |   |                                   |   |  |

 Name:
 WOODLAND GP, LLC

 Address:
 5025 SOUTH U.S. HWY 17/92

 City-St-Zip:
 CASSELBERRY, FL 32707

SOUTH U.S. HWY 17/92 Address: SELBERRY, FL 32707 City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID WOOTEN PRES 04/11/2011