


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000531 1. Entity Name WOODMERE HOLDINGS, L.L.L.P.					
Principal Place of Business 240 S. PINEAPPLE AVE. - 10TH FLOOR SARASOTA, FL 34236			Mailing Address P.O. BOX 49948 SARASOTA, FL 34230-6948		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P. O. Box 5668 Suite, Apt. #, etc.			
City & State		City & State Sarasota, FL		4. FEI Number 65-1096192	
Zip Country		Zip 34277-5668 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNOWLES, CHARLES C/O DAVID S. BAND 240 S. PINEAPPLE AVENUE, 10TH FLOOR SARASOTA, FL 34236				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>					
9. Capital Contributions as Shown on record. \$1,050,000.00			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 #	NAME		STREET ADDRESS		
NAME	BAND, DAVID S		CITY - ST - ZIP		
STREET ADDRESS	240 S. PINEAPPLE AVE. - 10TH FLOOR				
CITY - ST - ZIP	SARASOTA, FL 34236				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	P97000028904		CITY - ST - ZIP		
STREET ADDRESS	VENTURE NET, INC.				
CITY - ST - ZIP	4034 ROBERTS POINT ROAD				
	SARASOTA, FL 34242				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  Charles Knowles, President of Venture Net, Inc., General Ptr. 4/13-05			Date Daytime Phone #		



03222005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1096192 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

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SARASOTA, FL 34236

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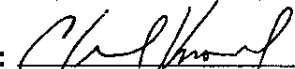
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SIGNATURE:  Charles Knowles, President of
Venture Net, Inc., General Ptr. 4/13-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE