

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 14, 2006 08:00 AM
Secretary of State

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 5668
SARASOTA, FL 34277-5668**

DO NOT WRITE IN THIS SPACE



04052006 No Chg-LP

CR2E003 (11/05)

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

**KNOWLES, CHARLES
C/O DAVID S. BAND
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236**

**DO NOT WRITE
IN THIS SPACE**

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.

DATE _____

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

**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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
**BAND, DAVID S
240 S. PINEAPPLE AVE. - 10TH FLOOR
SARASOTA, FL 34236**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**P97000028904
VENTURE NET, INC.
4034 ROBERTS POINT ROAD
SARASOTA, FL 34242**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
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CITY - ST - ZIP

000000508789
04/28/06-80020-016 500.00

**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

4/10/06 941-349-6400
Date Daytime Phone #

STAPLE CHECK HERE