## 2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # A01000000531**

12.

WOODMERE HOLDINGS, L.L.L.P.



**FILED** Feb 19, 2008 08:00 AM Secretary of State

Principal Place of Business

240 S. PINEAPPLE AVE. - 10TH FLOOR

SARASOTA, FL 34236

Mailing Address

P.O. BOX 5668

SARASOTA, FL 34277-5668



02062008 No Chg-LP

CR2E003 (12/06)

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.	<ol> <li>The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both the obligations of registered agent.</li> </ol>	h, in the State of Florida _Lam familiar with, and accept
	the obligations of registered agent.	
		<u> </u>
٠.	NOMETATOR	Carrier Conscion Carrier

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

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00

GENERAL PARTNER INFORMATION

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.	Z. GENETAL FATTACH IN ORIGINATION	
DOCUMENT #		
NAME	BAND, DAVID S	
STREET ADDRESS	240 S. PINEAPPLE AVE 10TH FLOOR	
CITY-ST-ZIP	SARASOTA, FL 34236	
DOCUMENT #	P97000028904	
NAME	VENTURE NET, INC.	
STREET ADDRESS	4034 ROBERTS POINT ROAD	
CITY-ST-ZIP	SARASOTA, FL 34242	
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
14. I beroby partify that the information as well-ad with this filles are not a		

## 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 OF PRINTED NAME OF SIGNING GENERAL PARTNER