


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**FILED**  
**Mar 29, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000793</b>			
1. Entity Name <b>WOODWARD FAMILY INVESTMENT PARTNERSHIP, LLLP</b>			
Principal Place of Business <b>14031 EAGLE RIDGE LAKES DRIVE, UNIT 1 FORT MYERS FL 33912</b>		Mailing Address <b>14031 EAGLE RIDGE LAKES DRIVE, UNIT 1 FORT MYERS FL 33912</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-1143390</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>WOODWARD, CHARLENE 14031 EAGLE RIDGE LAKES DRIVE, UNIT 102 FORT MYERS FL 33912</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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		DATE	
9. Capital Contributions as Shown on record. <b>\$1,200,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,200,000.00</b>	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>WOODWARD, CHARLENE TRUSTEE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>14031 EAGLE RIDGE LAKES DRIVE, UNIT 102</b>		
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	<b>WOODWARD, JAMES R TRUSTEE</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>14031 EAGLE RIDGE LAKES DRIVE, UNIT 102</b>		
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>		
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CITY-ST-ZIP			
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			
<b>JAMES R. WOODWARD</b>			
SIGNATURE: <b>James R. Woodward</b>		<b>4-15-04 239 768 0169</b>	



MOORE CR2E003 (11/03)

STAPLE CHECK HERE