## 2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

## FILED Mar 31, 2005 8:00 am Secretary of State

DOCUMENT # A0100000793  1. Entity Name WOODWARD FAMILY INVESTMENT PARTNERSHIP, LLLP					Secretary of State
Principal Place of Business Mailing Address					
14031 EAGLE RIDGE LAKES DRIVE, UNIT 1 14031 EAGLE RIDGE LAKE FORT MYERS FL 33912 FORT MYERS FL 33912				DRIVE, UNIT 1	A SOLDY IN COUNTY OF THE COUNT
2. Principal P	lace of Business	3. Mailing Address		. <u></u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)
City & State		City & State			4. FEI Number   Applied For   Not Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				Name -	7. Name and Address of New Registered Agent
WOODWARD, CHARLENE 14031 EAGLE RIDGE LAKES DRIVE, UNIT 102				Street Address (P.O. Box Number is Not Acceptable)	
FORT MYERS FL 33912					
				City	FL Zip Code
The above named entity submits this statement for the purpose of changing its regist in the State of Florida. I am familiar with, and accept the obligations of registered agent.					stered agent, or both,
11. FILE NOW!!! Due by May 1, 2005					
SIGNATURE Signature, typed or printed name of registered agent and title of appticable DATE See Block 11 instructions for fee info.					
9. Capital Contributions as Shown on record.  \$1,200,000.00  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  DOCUMENT!			13.		ADDRESS CHANGES ONLY
NAME	WOODWARD, CHARLENE TRUSTEE EET ADDRESS 14031 EAGLE RIDGE LAKES DRIVE, UNIT 102		STR	EET ADDRESS	
CITY-ST-ZIP			CIT	Y-ST-ZIP	400050093904 
DOCUMENT / NAME	WOODWARD, JAMES R TRUSTEE  14031 EAGLE RIDGE LAKES DRIVE, UNIT 102		STR	REET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	
DOCUMENT #			STE	REET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	
DOCUMENT # NAME			STF	REET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	
DOCUMENT / NAME		,	STF	REET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	
DOCUMENT #			STE	REET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CIT	Y-ST-ZIP	
14. I hereby certify that the information supplied with this filling 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					
RAMES R. WOODWARD TRUSTEE					