

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # A01000000793 1. Entity Name WOODWARD FAMILY INVESTMENT PARTNERSHIP, LLLP					
Principal Place of Business 14031 EAGLE RIDGE LAKES DRIVE, UNIT 1 FORT MYERS FL 33912			Mailing Address 14031 EAGLE RIDGE LAKES DRIVE, UNIT 1 FORT MYERS FL 33912		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-1143390	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent WOODWARD, CHARLENE 14031 EAGLE RIDGE LAKES DRIVE, UNIT 102 FORT MYERS FL 33912				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 his or her applicable.</small>					
FILE NOW!!! Fee is \$500. *** After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.					
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	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP		<div style="border: 1px solid black; padding: 2px;"> WOODWARD 490746 04/18/06-80063-012 500.00 </div>		
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1st MOORE CR2E003 (10/05)

STAPLE CHECK HERE

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 *James R. Woodward* **JAMES R. Woodward** 239 768 016