


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

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000000793</b> 1. Entity Name <b>WOODWARD FAMILY INVESTMENT PARTNERSHIP, LLLP</b>	
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Principal Place of Business <b>14031 EAGLE RIDGE LAKES DRIVE, UNIT 102          FORT MYERS, FL 33912</b>	Mailing Address <b>14031 EAGLE RIDGE LAKES DRIVE, UNIT 102          FORT MYERS, FL 33912</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04302008 Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-1143390</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b> <b>WOODWARD, CHARLENE</b> <b>14031 EAGLE RIDGE LAKES DRIVE, UNIT 102</b> <b>FORT MYERS, FL 33912</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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 \_\_\_\_\_  
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**

**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	
STREET ADDRESS	WOODWARD, CHARLENE TRUSTEE	CITY-ST-ZIP	
CITY-ST-ZIP	14031 EAGLE RIDGE LAKES DRIVE, UNIT 102 FORT MYERS, FL 33912		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	WOODWARD, JAMES R TRUSTEE	CITY-ST-ZIP	
CITY-ST-ZIP	14031 EAGLE RIDGE LAKES DRIVE, UNIT 102 FORT MYERS, FL 33912		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

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 05/30/08-80043-001 500.00

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:** Charlene Woodward ✓ 4-30-08 ✓ 239-768-0169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #