2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A01000000793 **DOCUMENT #**

1. Entity Name

WOODWARD FAMILY INVESTMENT PARTNERSHIP, LLLP



Principal Place of Business

1520 ROYAL PALM SQUARE BLVD.

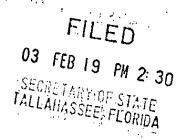
FT. MYERS FL 33919

SUITE 320

Mailing Address 1520 ROYAL PALM SQUARE BLVD.

SUITE 320

FT. MYERS FL 33919





14031 Eagle Ridge Lakes Dr.		14031 Eagle Ridge Lakes Dr.			7 1991011 1611 20101 17011 20111 20111 20111 20111 20111 20111 20111 (2012 1111 1125)				
Suite, Apt. #, etc. Unit 102	Suite, Apt. #, etc. Unit 102			DUE BY MAY 1, 2003					
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 65-1143390		-	Applied For Not Applicable		
Zip 33912	Country USA	Zip 33912	Country 2 USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
KYLE, KEVIN A 1520 ROYAL PALM SQUARE BLVD. SUITE 320 FT. MYERS FL 33919				Name Charlene Woodward Street Address (P.O. Box Number is Not Acceptable)					
				14031 Eagle Ridge Lakes Dr., Unit 102 City Fort Myers, FL Zip Code 33912					
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									

12,

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

Doneral Partner

9. Capital Contributions as Shown on record.

\$1,200,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY

_ · <u></u> ·	GENERAL FARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME	WOODWARD, CHARLENE TRUSTEE	STREET ADDRESS	14031 Eagle Ridge Lakes Dr., Unit 102
STREET ADDRESS CITY-ST-ZIP	0000 7.000000		~··
DOCUMENT # NAME STREET ADDRESS	WOODWARD, JAMES R TRUSTEE	STREET ADDRESS	14031 Fagle Ridge Lakes Dr., Unit 102
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DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	1317
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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

SIGNATURE:

CSICNATURE PROLUCIECHARLENE Woodward

239/768-0169