STAPLE CHECK HERE

SIGNATURE:

FILED

Due By May 1, 2006					Mar 08, 2006 08:00 A Secretary of State	
1	DOCUMENT # A0100000988 1. Emity Name WOODLAND II, LTD.			Secretary of State		
	Principal Place of Business Mailing Address 4320 WOODLAND DR WEST MELBOURNE, FL 32904 WEST MELBOURNE, FL 329		904			
	DO NOT WRITE IN THIS SPA			ACE		CR2E003 (11/05) Applied For Not Applicable
		S. Name and Address of C	arrant Paristated Arent			\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HEALY, PATRICK F 1499 S HARBOR CITY BLVD SUITE 201 MELBOURNE, FL 32901				DO NOT WR IN THIS SPA	···	
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 the obligations of registered agent.						
	SIGNATURE Signaluse, typed or printed nerve of registered agent and title if applicable					DATE
		FILE After Ma	NOWIII FEE IS \$500.00 y 1, 2006, 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. ODCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	P94000050548 CIA DEVELOPMENT, INC. 4320 WOODLAND DR	RTNER INFORMATION			1 L
	DOCUMENT / NAME STREET AUDITESS CITY-ST-ZIP	WEST MELBOURNE, FL	Z9U4		00000045 93/18/06-60	9249 025-009 500.00
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIF				DO NOT WRITE	
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPAC	JE .
	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP					
	DOCUMENT & NAME STREET ADDRESS					

14. I hereby certify that the information supplied with this filling 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 effect this report as required by Chapter 520, Florida Statutes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER