


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000001148		
1. Entity Name RC WOODS FAMILY LIMITED PARTNERSHIP		

Principal Place of Business 790 S.W. 91ST PLACE OCALA, FL 34476	Mailing Address 106 N.E. 14TH AVENUE OCALA, FL 34470
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

700027307717
01/21/04--01007--007 **157.35


01162004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3744515	Applied For <input type="checkbox"/> Not Applicable.
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WOODS, RICHARD E SR. 790 S.W. 91ST PLACE OCALA, FL 34476		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____
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9. Capital Contributions as Shown on record. \$9,800.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	WOODS, RICHARD E SR.	STREET ADDRESS	
NAME	790 S.W. 91ST PLACE	CITY-ST-ZIP	
STREET ADDRESS	OCALA, FL 34476		
CITY-ST-ZIP			
DOCUMENT #	WOODS, CANDELARIA A	STREET ADDRESS	
NAME	790 S.W. 91ST PLACE	CITY-ST-ZIP	
STREET ADDRESS	OCALA, FL 34476		
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
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: <i>Richard E. Woods</i>	1-16-04	352-237-4759
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

STAPLE CHECK HERE