


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR -2 AM 11:12

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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number: 59-3744515	
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 WOODS, RICHARD E SR. 790 S.W. 91ST PLACE OCALA, FL 34476			7. Name and Address of New Registered Agent		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$9,800.00		10. Amount of Capital Contributions in FLORIDA to date.			
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		
	WOODS, RICHARD E SR.				
	790 S.W. 91ST PLACE		CITY-ST-ZIP		
	OCALA, FL 34476				
DOCUMENT #	NAME		STREET ADDRESS	500048073065	
	WOODS, CANDELARIA A			03/09/05--01061--001 **2.35	
	790 S.W. 91ST PLACE		CITY-ST-ZIP	500048073065	
	OCALA, FL 34476			03/09/05--01061--002 **150.00	
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			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> 1/29/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #					

STAPLE CHECK HERE