

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED

06 MAY 21 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # A01000001148

1. Entity Name  
RC WOODS FAMILY LIMITED PARTNERSHIP



Principal Place of Business

745 ~~790~~ S.W. 91ST PLACE  
OCALA, FL 34476  
24

Mailing Address

106 N.E. 14TH AVENUE  
OCALA, FL 34470

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3744515

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

745 WOODS, RICHARD E SR.  
~~790~~ S.W. 91ST PLACE  
OCALA, FL 34476  
24

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 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. GENERAL PARTNER INFORMATION

DOCUMENT #  
NAME *745* WOODS, RICHARD E SR.  
STREET ADDRESS ~~790~~ S.W. 91ST PLACE  
CITY-ST-ZIP Ocala, FL 34476  
24

DOCUMENT #  
NAME *745* WOODS, CANDELARIA A  
STREET ADDRESS ~~790~~ S.W. 91ST PLACE  
CITY-ST-ZIP Ocala, FL 34476  
24

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

800074675508  
05/16/06--01042--022 \*\*500.00

**DO NOT WRITE  
IN THIS SPACE**

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:

*Richard E Woods*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/6/06  
Date

Daytime Phone #