2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

Due By May 1, 2005			FILED	
DOCUMENT # A04000		2005 MAY -3 PM 4: 02 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
WOOD N' CROSS ENTERPRISES LTD.				
Principal Place of Business 2116 TYLER ST HOLLYWOOD, FL 33020 Mailing Address 2116 TYLER ST HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020				
		rStreet		
Suite, Apt. #. et&	Suite, Apt. #, etc.		04272005 Chg-LP	CR2E003 (10/03)
City & State Hollywood FL	City & State Holly woo	d FL	4. FEI Number 32 - 010	7174 Applied For Not Applicable
313020 Country	Zip 33020	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required
6. Name and Address of C	urrent Registered Agent	Name	7. Name and Address of New	
WOOD, DENNIS R 2116 TYLER ST HOLLYWOOD, FL 33020 8. The above named entity submits this statement for the purpose of changing its registrenament.		1 1	Dennis 12 Wood	
		Street Address (BO. Box Number is Not Acceptable) treef		
		City	. 11	FI ZirSeile O D
		3	tollywood ered agent, or both, in the State of I	FL 233020
the obligations of registered agent. Alaglas				
SIGNATURE Signature, typed or printed name of registered agent and title if explicable. DATE				
9. Capital Centributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date.				
A GENERAL PART NOTE: General Partn	NER THAT IS A BUSINESS ENT ers MAY NOT be changed on the	ITY MUST BE REGIS form; an amendme	STERED AND ACTIVE WITH T ent must be filed to change a	HIS OFFICE. general partner.
12. GENERAL PARTNER INFORMATION DOCUMENT # P04000024201		13.		
NAME WOOD N' CROSS ENTERPRISES, INC. STREET ADDRESS 2116 TYLER ST CITY-ST-2P HOLLYWOOD FL 33020		STREET ADDRESS CITY-ST-ZIP	Hollywood	<u>Street</u> FL 33020
CITY-ST-ZIP HOLLYWOOD, FL 33020		STREET ADDRESS		
NAME STREET ADDRESS				
CITY-ST-ZIP DOCUMENT #		CITY-ST-ZIP	30005 5 05/26/05 010	5380843 69-008 **141,25
NAME SIREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP	- 100 Mbm	
DOCUMENT # NAME		STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
CITY-ST-ZIP DOCUMENT # NAME SAME OFFICE ADDRESS OFFICE A TIPE OFFICE ADDRESS	, , , , , , , , , , , , , , , , , , ,	STREET ADDRESS		
		CITY-ST-ZIP		
DOĞUMENT #		STREE1 ADDRESS		
STALET ADDRESS CITY-ST-ZIP		CITY-SI-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: President 4/29/05 954-922-4186				