

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # A04000000305

1. Entity Name
WOODSTOCK, L.L.P.



Principal Place of Business
**4 NORTH SECOND ST. STE. 300
FERNANDINA BEACH, FL 32034**

Mailing Address
**4 NORTH SECOND ST. STE. 300
FERNANDINA BEACH, FL 32034**



01232007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0779867

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FERGUSON, JAMES B
4 NORTH SECOND ST.
STE 300
FERNANDINA BCH, FL 32034**

**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, 2007, 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	LOCATIS, CATHERINE F
STREET ADDRESS	608 FAIR SPRINGS DRIVE	
CITY-ST-ZIP	CHARLESTON, SC 29414	
DOCUMENT #	NAME	LANGSHAW, WALTER S III
STREET ADDRESS	102 CHELSEA PLACE	
CITY-ST-ZIP	ST. MARYS, GA 31558	
DOCUMENT #	NAME	FERGUSON, JAMES B
STREET ADDRESS	4 NORTH SECOND ST. STE.300	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
DOCUMENT #	NAME	MCDOWELL, BARBARA B
STREET ADDRESS	107 HALSEY ST.	
CITY-ST-ZIP	PROVIDENCE, RI 02906	
DOCUMENT #	NAME	
STREET ADDRESS		
CITY-ST-ZIP		

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JAMES B. Ferguson

Date

Daytime Phone #

2-5-07 904-556-4117

STAPLE CHECK HERE