

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT


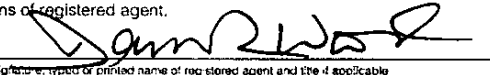
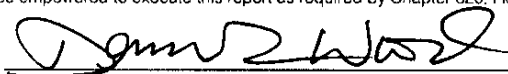
Due By May 1, 2005

FILED

2005 MAY -3 PM 4: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # A04000000396			
1. Entity Name DENNIS R. WOOD FAMILY ENTERPRISES, LTD.			
Principal Place of Business 2116 TYLER ST HOLLYWOOD, FL 33020		Mailing Address 2116 TYLER ST HOLLYWOOD, FL 33020	
2. Principal Place of Business 2118 Tyler Street		3. Mailing Address 2118 Tyler Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood FL		City & State Hollywood FL	
Zip 33020	Country USA	Zip 33020	Country USA
4. FEI Number 56-2445448		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOD, DENNIS R 2116 TYLER ST HOLLYWOOD, FL 33020		7. Name and Address of New Registered Agent Name: Dennis R Wood Street Address (P.O. Box Number is Not Acceptable): 2118 Tyler Street City: Hollywood FL Zip Code: 33020	
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:  4/29/05			
9. Capital Contributions as Shown on record. \$100.00		10. Amount of Capital Contributions in FLORIDA to date. \$100.-	
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 CITY-ST-ZIP	P04000043275 DENNIS R. WOOD FAMILY ENTERPRISES, INC. 2116 TYLER ST HOLLYWOOD, FL 33020	STREET ADDRESS CITY-ST-ZIP	2118 Tyler Street Hollywood, FL 33020
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
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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: 		4/29/05 954.922-4686	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE