

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 14 AM 11:44

DOCUMENT # A06000000867 1. Entity Name WOODSBY FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837	Mailing Address 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



04082008 Chg-LP CR2E003 (12/06)

4. FEI Number APPLIED FOR	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 WOODSBY, CHARLES E 1260 CENTRAL FLORIDA PARKWAY ORLANDO, FL 32837	
7. Name and Address of New Registered Agent Name: <u>DENNIS P. DARMON</u> Street Address (P.O. Box Number is Not Acceptable): <u>1260 CENTRAL FLORIDA PARKWAY</u> City: <u>ORLANDO</u> FL Zip Code: <u>32837</u>	

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 Dennis P. Darnon REG AGENT 4/9/08
 Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	WOODSBY, CHARLES E	STREET ADDRESS	
NAME	1260 CENTRAL FLORIDA PARKWAY	CITY-ST-ZIP	800123069008
STREET ADDRESS	ORLANDO, FL 32837		04/11/08 01047 002 **500.00
CITY-ST-ZIP		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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 Dennis P. Darnon REG AGENT 4/9/08 407-891-8400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE