


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

<b>DOCUMENT # A07000000327</b> 1. Entity Name <b>PIPER WOODS, LTD.</b>	
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FILED  
 08 JUL 18 PM 2:45  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA


Principal Place of Business 2724 CAPITAL CIRCLE N.E. TALLAHASSEE, FL 32308	Mailing Address P.O. BOX 15486 TALLAHASSEE, FL 32317
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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	Zip	Country

07182008    Chg-LP    CR2E003 (12/06)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  RETT, DONALD A 1660 METROPOLITAN CIRCLE TALLAHASSEE, FL 32308  	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S.,  
 the limited partnership did not receive the  
 prior notice.

**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 #	M07000000899	STREET ADDRESS	
NAME	FIRST SOUTH DEVELOPMENT, L.L.C.	CITY - ST - ZIP	
STREET ADDRESS	2909 13TH STREET, 6TH FLOOR		
CITY - ST - ZIP	GULFPORT, MS 39502		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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CITY - ST - ZIP			

900133293709  
 07/24/08--01029--003 \*\*500.00

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

Date

Daytime Phone #

7-18-08

STAPLE CHECK HERE