
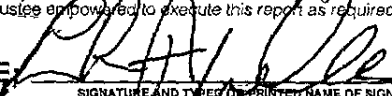


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # A09944					
1. Entity Name WOODRIDGE APARTMENTS, LTD.					
Principal Place of Business 990 W. 15TH STREET PANAMA CITY, FL 32401			Mailing Address P.O. BOX 16689 PANAMA CITY, FL 32406		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2058491	
				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			7. Name and Address of New Registered Agent		
WHITEHEAD, CHARLES 990 W. 15TH STREET PANAMA CITY, FL 32401			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$80,025.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L0100001871		STREET ADDRESS		
NAME	CHARLES A. WHITEHEAD, LLC		CITY-ST-ZIP		
STREET ADDRESS	990 W. 15TH STREET				
CITY-ST-ZIP	PANAMA CITY, FL 32401				
DOCUMENT #			STREET ADDRESS	1100000365725	
NAME			CITY-ST-ZIP	05/11/05-80012-022 526.25	
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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 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 			Charles A. Whitehead		4/25/05 (850) 769-8981
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE