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

## FILED May 11, 2005 08:00 AN Secretary of State

2. Similar and Address of Current Registered Agent  6. Similar and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The Address (P. O. Box Number is Not Acceptable)  8. The Address (P. O. Box Number is Not Acceptable)  8. The Address (P. O. Box Number is Not Acceptable)  8. The Address (P. O. Box Number is Not Acceptable)  8. The Address (P. O. Box Number is Not Acceptable)  8. Signature  8. Signature  8. Signature  9. Ceptable Contributions  9. Address (P. O. Box Number is Not Acceptable)  9. Ceptable Contributions  9. Ceptable Contribu	1. Entity Nar	WOOD REALTY ASSOC	CIATES I	LIMITED				S	ecre	tary of Sta
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FILDES, RICHARD J % LOWNDES, DROSDRICK, DOSTER ET AL 215 N. EOLA DR. ORLANDO, FL 32802  City  FL Zip Code  8. The above named entity 805mits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent.  SIGNATURE Spetime, level of Priest are of regioned agent of the Purpose of Changing its registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the collections of registered agent, or both, in the State of Florida. I am familiar with, and ancept the familiar with and a	Zip				Cour	ntry	<u>}</u>			Fee Required
FILDES, RICHARD J \$L DOWNDES, DROSDRICK, DOSTER ET AL 215 N. ECLA DR ORLANDO, FL 32802.  City FL Zip Code  8. The above named entity afforms this subminist 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 deligipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligipations of registered agent, or both, in the State of Florida. I am familiar with, and accept the deligipations of registered agent, or both, in the State of Florida.  SIGNATURE:  SIGNATURE  SIGNA	ļ	6. Name and Address of Cu	irrent Regist	ered Agent		Name	7. Name and A	ddress of New I	Registered	Agent
8. The above named entity 800mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordia. I am femiliar with, and accept the obligations of registered agent.  SIGNATURE  Speaks, back or Briedman of regional speaks agent as 8th Fapilitatis.  9. Capital Contributions as Shown on record.  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 filled to change a general partners.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  DOCUMENT I MAKE  STREET ADDRESS  ONLY ST. 29 WINTER PARK, FL.  OCCUMENT I MAKE  ON ORLANDO AVENUE  WINTER PARK, FL.  OCCUMENT I MAKE  STREET ADDRESS  CITY-ST. 29 WINTER PARK, FL.  CITY-ST. 29 COUNSMIT I MAKE  STREET ADDRESS  CITY-ST. 29 COUNSMIT I MAKE  CITY-S	% LOWNI 215 N. EC	DES, DROSDRICK, DOST DLA DR.	ER ET AL			Street Address (	P.O. Box Number	is Not Acceptabl		
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