

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A19162

1. Entity Name
WOODCLIFF APARTMENTS, LTD.



FILED
03 FEB 10 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 516 LAKEVIEW ROAD UNIT 8 CLEARWATER FL 33756	Mailing Address 516 LAKEVIEW ROAD UNIT 8 CLEARWATER FL 33756
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip	Country	Zip	Country
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DUE BY MAY 1, 2003

4. FEI Number **59-2626124** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLYNN, THOMAS F
516 LAKEVIEW ROAD UNIT 8
CLEARWATER FL 33756**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$245,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 #	L02000010816
NAME	WOODCLIFF, LLC
STREET ADDRESS	516 LAKEVIEW ROAD, UNIT 8
CITY-ST-ZIP	CLEARWATER FL 33756
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	988812225709 02/10/03--01089--004 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<i>BK</i>
CITY-ST-ZIP	
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: *Thomas Flynn* **As Vice-President of LLC General Partner**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER **Revlin T. Flynn**
Date **1/22/03** Daytime Phone # **727-449-1182**

CR2E003 (10/02)