

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

FILED

97 MAR 12 PM 3:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A20990

WOODROLL ASSOCIATES LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

% FRED GORDON
280 NORTH WOODWARD AVENUE, SUITE 407
BIRMINGHAM MI 48009

% FRED GORDON
280 NORTH WOODWARD AVENUE, SUITE 407
BIRMINGHAM MI 48009

3. Date Formed or Registered

10/15/1985

5a. Capital Contributions as Shown on record.

\$35,040.00

3a. Date of Last Report

12/18/1995

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

13-3303187

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**SOLLINGER, MICHAEL
4919 MEMORIAL HWY
SUITE 100
TAMPA FL 33634**

10. If changed, new Registered Agent/Office

Name **Angelia Gordon**
Street Address (P.O. Box Number is Not Acceptable)
C/O Angelia Gordon Property Management Co.
Suite, Apt. #, etc. **4030 DIJON DRIVE**
City **ORLANDO, FL** Zip Code **32808**

10a. Pursuant to the provisions of sections 620.1001 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both to the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Angelia Gordon

DATE

3/5/97

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/Document Number

GORDON, FRED

208 N. WOODWARD AVE #

BIRMINGHAM MI

**700002113827--9
-03/14/97--01068--001
***349.03 ***349.03**

doc 349.03 (new fee)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Fred Gordon

DATE

2/27/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (11/96)