2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2005

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

	JUL 21	A, 2000			-	
DOCUMENT # A24626 1. Entity Name						
WOOD	WOODLAND TERRACE LTD.				FILED	
Principal P	Principal Place of Business Mailing Address				1 2005 MAR - 7	
	20721 S.W. 46TH AVE. 20721 S.W. 46TH AVE. NEWBERRY FL 32669 NEWBERRY FL 32669					
					SECRETARY OF STATE	
3///				MILL RO		
	Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			1ST MOORE CR2E003 (10/04)		
Gity & S	Gity & State ATTANTA, GA City & State ATTANTA, GA ATTANTA				4. FEI Number 59-2806179 Applied For Not Applicable	
Zip		Zip Country			5 Certificate of Status Desired \$8.75 Additional	
	6. Name and Address of Current				7. Name and Address of New Registered Agent	
					_	
	IC. E 1000	Street A	Street Address (P.O. Box Number is Not Acceptable)			
4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE FL 32607						
				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 Signature, typed or printed name of registered agent and title 4 applicable OATE					11: FILE NOW!!!: Due by May:1; 2005: See Block 11: instructions for fee info:	
9. Capital Contributions as Shown on record. 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 #	GENERAL PARTNE	RINFORMATION	-		1 0	
NAME	DAVIS, NORITA V	·		3/11 PACES MILL RD, STE AZ		
STREET ADDRI	ST-ZIP NEWBERRY FL 32669 MENT #		CITY-ST-ZIP	-ST-ZIP ATRANTA GTA 30339		
DOCUMENT #			STREET ADDRESS			
NAME STREET ADDR	222		CITY-ST-ZIP		800048121218	
DOCUMENT #					_03/10/05-01007-001 **535.00	
NAME			STREET ADDRESS			
STREET ADDR CITY-ST-ZIP	ESS -		CITY-ST-ZIP			
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CITY-ST-ZIP			CITY-ST-ZIP			
DOCUMENT / NAME .			STREET ADDRESS			
STREET ADDRESS "YY-SI-ZIP			CITY-ST-ZIP			
	by certify that the information supplied with	h this filing does not qualify for	the exemption sta	ted in Se	ection 119.07(3)(i). Florida Statutes, I further certify that the information	
indica the re	ited on this report is true and accurate and ceiver or trustee empowered to execute the	that my signiture shall have this redort as required by Chapter	ne same legal effe er 620, Florida Sta	ect as if r	ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or	