## 2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2006

CHICK

STAPL

SIGNATURE:

## Mar 10, 2006 08:00 AM Secretary of State DOCUMENT # A24626 1. Entity Name WOODLAND TERRACE LTD. Principal Place of Business Mailing Address 3111 PACES MILL RD 3111 PACES MILL RD SUITE A250 ATLANTA GA 30339 SUITE A250 ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E003 (10/05) City & State City & State 4. FEI Number Applied For 59-2806179 Not Applicat Ζiρ \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, SUSAN Street Address (P.O. Box Number is Not Acceptable) HALLMARK MANAGEMENT, INC. 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE FL 32607 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State. 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 ADDRESS CHANGES ONLY DOCUMENT # STREET ADDRESS NAME DAVIS, NORITA V STREET ADDRESS 3111 PACES MILL RD CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339 DOCUMENT # U00000462830 /21/06-90050-016-508-75 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY- ST-ZIP City-St-ZiP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CBY-ST-78P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 partnershor the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Susan adams

3-2-06

**FILED**