## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

STAPLE CHECK HERE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A24626 07 JAN 16 AM 9: 14 WOODLAND TERRACE LTD. Principal Place of Business Mailing Address 3111 PACES MILL RD 3111 PACES MILL RD SUITE A250 SUITE A250 ATLANTA, GA 30339 ATLANTA, GA 30339 2. Principal Place of Business - No P.O. Box # 4309 W. New No He Rd Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. 01032007 CR2E003 (12/06) Chg-LP Applied For St. Clwd 4 FEI Number City & State 59-2806179 Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAMS, SUSAN Street Address (P.O. Box Number is Not Acceptable) HALLMARK MANAGEMENT, INC. 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE, FL 32607 City 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 if applicable. DATE FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13 12. DOCUMENT # STREET ADDRESS DAVIS, NORITA V NAME STREET ADDRESS 3111 PACES MILL RD CITY-ST-ZIP CITY-ST-ZIP ATLANTA, GA 30339 DOCUMENT # STREET ADDRESS NAME 900085017299 01/18/07--01038--024 STREET ADDRESS CITY-ST-ZIP ##C00 70 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-SI-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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

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