


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 11 PM 3:57

DOCUMENT # <b>A24626</b>		
1. Entity Name <b>WOODLAND TERRACE LTD.</b>		
Principal Place of Business <b>4040 NEWBERRY ROAD, STE 1000 GAINESVILLE FL 32607</b>		Mailing Address <b>4040 NEWBERRY ROAD, STE 1000 GAINESVILLE FL 32607</b>



2. Principal Place of Business - No P.O. Box # <b>4309 W. NEW NORTE RD</b>		3. Mailing Address <b>3111 PACES MILL RD</b>	
Suite, Apt. #, etc. <b>SUITE A250</b>		Suite, Apt. #, etc. <b>SUITE A250</b>	
City & State <b>ST. CLOUD, FL</b>		City & State <b>ATLANTA, GA</b>	
Zip <b>34772</b>	Country	Zip <b>30339</b>	Country

1st MOORE CR2E003 (10/07)

4. FEI Number <b>59-2806179</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent <b>ADAMS, SUSAN HALLMARK MANAGEMENT, INC. 4040 NEWBERRY ROAD., SUITE 1000 GAINESVILLE FL 32607</b>		7. Name and Address of New Registered Agent
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 **04/10/08--01016--008 \*\*508.75**

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

**FILE NOW!!! Fee is \$500.\*\*\* After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>M03000001595</b>	<b>HALLMARK GROUP SERVICES OF FLORIDA, LLC</b>	STREET ADDRESS	
NAME	<b>3111 PACES MILL RD</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>ATLANTA GA 30339</b>		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Memo W. Q. [Signature]* Date: 3/18/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE