

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # A28305

1. Entity Name
WOODLAKE SOUTHWEST NO. 1, LTD.



Principal Place of Business
**8371 WATERFORD CIRCLE
TAMARAC, FL 33321**

Mailing Address
**8371 WATERFORD CIRCLE
TAMARAC, FL 33321**



01232008 No Chg-LP

CR2ED03 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0122995

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**REINHARD, SANFORD N., ESQ.
2875 N.E. 191ST ST.
SUITE 404
NORTH MIAMI BEACH, FL 33180**

**DO NOT WRITE
IN THIS SPACE**

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 NOW!!! FEE IS \$500.00
After May 1, 2008, 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.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **517338**
NAME **HARLAND ASSOCIATES, INC**
STREET ADDRESS **8371 WATERFORD CIR**
CITY-ST-ZIP **TAMARAC, FL**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

000000809688
02/08/08-80031-022-500.00

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:

Elliot Godel **Elliot Godel**

1/21/08

954-960-1447

SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE