


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

DOCUMENT # A28306 1. Entity Name WOODLAKE SOUTHWEST NO. 2, LTD.	
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 05 MAR 11 AM 10:15

Principal Place of Business 8371 WATERFORD CIRCLE TAMARAC FL 33321	Mailing Address 8371 WATERFORD CIRCLE TAMARAC FL 33321
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent REINHARD, SANFORD N., ESQ. 2875 N.E. 191ST ST. SUITE 404 NORTH MIAMI BEACH FL 33180	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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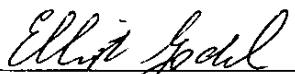
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$50,000.00	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 # 517336 NAME HARLAND ASSOCIATES, INC STREET ADDRESS 8371 WATERFORD CIR. CITY-ST-ZIP TAMARAC FL	STREET ADDRESS CITY-ST-ZIP
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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	3/9/05 <small>Date</small>	954-960-1447 <small>Daytime Phone #</small>