## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

## DOCUMENT # A28306

1. Entity Name

WOODLAKE SOUTHWEST NO. 2, LTD.



FILED Feb 01, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8371 WATERFORD CIRCLE TAMARAC, FL 33321 8371 WATERFORD CIRCLE TAMARAC, FL 33321



DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

40-4303315

Not Applicable
\$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

|  | ions of registered agent.  |  |  |                  |
|--|--|--|--|------------------|
| SIGNATURE Signature, typed or printed name of registered agent and title 1 applicable. |  |  | DATE   |                  |
|  | FILE NOW!!! FEE IS \$500.00<br>After May 1, 2006, Fee will be \$98                     |  |  | <b>.</b>         |
|  | A GENERAL PARTNER THAT IS A BUSINESS E<br>NOTE: General Partners MAY NOT be changed on | NTITY MUST BE REGISTERED AND ACTI<br>the form; an amendment must be filed to | VE WITH THIS OFFICE.<br>change a general partner | ·                |
| 12.  | GENERAL PARTNER INFORMATION  |  |  |                  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP   | 517336<br>HARLAND ASSOCIATES, INC<br>8371 WATERFORD CIR.<br>TAMARAC, FL                | 1/00000413974<br>02/11/06-80017-013 500 00                                   |  |                  |
| DOCUMENT &<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |  |  |                  |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP   |  | DO NOT WRITE   |  |                  |
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| DOCUMENT /<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    |  |  |  |                  |
| DOCUMENT /<br>NAME<br>STREET ADDRESS   |  |  | ······································           |                  |

14. I hereby certify that the information supplied with this filling 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:

STAPLE CHECK HEPE

Unt Jodel

Ellist Godel

1/23/06

954-960-1447

Daytime Phone #