


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # A30547

1. Entity Name
WOODLAKE PARK ASSOCIATES, LTD.



Principal Place of Business
237 MAIN STREET, SUITE 600
BUFFALO, NY 14203

Mailing Address
237 MAIN STREET, SUITE 600
BUFFALO, NY 14203

2. Principal Place of Business
 Suite, Apt. #, etc. _____
 City & State _____
 Zip _____ Country _____

3. Mailing Address
 Suite, Apt. #, etc. _____
 City & State _____
 Zip _____ Country _____



01062005 Chg-LP CR2E003 (10/03)

4. FEI Number
16-1373214

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BURNS, THERESA M.
9439 SAN JOSE BOULEVARD
WOODLAKE PARK APTS.
JACKSONVILLE, FL 32257

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

9. Capital Contributions as Shown on record. **\$0.00**

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 #	P30881	STREET ADDRESS	
NAME	WOODLAKE CORPORATION	CITY-ST-ZIP	
STREET ADDRESS	237 MAIN STREET, SUITE 600		
CITY-ST-ZIP	BUFFALO, NY 14203		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Theresa M Burns* **THERESA M. BURNS** **1-12-05** **(716) 855-0391**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #