

2006 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 10 AM 8:54

DOCUMENT # A31398



1. Entity Name
WOOD PARK POINTE RRH LTD.

Principal Place of Business
1343 MAIN STREET, 5TH FLOOR
SARASOTA, FL 34236

Mailing Address
4255 52ND PLACE W
BRADENTON, FL 34210

2. Principal Place of Business
4255 52nd Place W
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01272006 Chg-LP CR2E003 (11/05)

City & State
Bradenton FL
Zip
34210

City & State
Zip
Country

4. FEI Number
59-3059982
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
MANNAUSA, THOMAS J
1343 MAIN STREET, 5TH FLOOR
SARASOTA, FL 34236
4255 52nd Place W
Bradenton FL 34210

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
MANNAUSA, THOMAS J
1343 MAIN STREET, 5TH FLOOR
SARASOTA, FL 34236
4255 52nd Place W
Bradenton FL 34210

STREET ADDRESS
CITY-ST-ZIP
400068559404
03/24/06--01005--021 **508.75

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CITY-ST-ZIP

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

2/6/06 941 3651511