FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

WOODLANDS PARK DEVELOPMENT, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

^{1a}A31852

SECRETARY OF STATE DIVISION OF CORPORATIONS
96 NOV 21 PM 2: 42



Manage Address 2160 WEST FREST ST. 2160 WEST F					
2. Mail ing Actidess 2. A. Principal Office Address 4. Size or Country of Farmation FLORIDA Contribution in Florida States Contribution in FLORIDA Contribution in Florida States Contribution	2180 WEST FIRST ST.	2190 WEST FIRST ST. STE: 500		08/08/1991	Shown on record.
28. Principal Office Address 28. Principal Office Address 3. State Country of Formation Surface April #, etc.	FT. MYERS FL 33901	FT. MYERS FL 33901		03/18/1996	
2. Mailing Address 2. Value Apil #, etc. Surto, Apil #, etc. City & State City & State Country Zip Country Zip Country Zip Country Zip Country Zip Country Tip Country					5b. Amount of Capital Contributions in FLORIDA
Suite, Apt. #. etc. Suite, Apt. #. etc. City & Siste To Country Zip Zip Zip Zip Zip Zip Zip Zi	2. Mailing Address	2a. Principal Office Address			to date:
City & State City & State City & State City & State Country Zip Country To Country Zip Country To Country Zip Country Zip Country Zip Country Zip Country To Country Zip Country Name See Residenced B. More check payable to Depth of States (See reverse adde for the Information) Since A Address (Pi-D. Box Number is Not Acceptable) Since A Address (Pi-D. Box Number is Not Acceptable) Since A Address (Pi-D. Box Number is Not Acceptable) Since A Address (Pi-D. Box Number is Not Acceptable) To Country To Code To Code To Code Name Since A Address (Pi-D. Box Number is Not Acceptable) Since A Address (Pi-D. Box Number is Not Acceptable) Since A Address (Pi-D. Box Number is Not Acceptable) To Code To Cod			······································		
Tourity Zip Country Zip Country Respective			· · · · · · · · · · · · · · · · · · ·	6. 65 0278688	
Zip Country Zip Country 8, Mans and Address of Current Registered Agent 10, If changed, new Registered Agent Office Name 11, If changed, new Registered Agent Office Name 12, If changed, new Registered Agent Office Name 13, If changed, new Registered Agent Office 1415 HENDRY STREET FT. MYERS FL 33901 Suite, Agit 4, etc. City FL Zip Code 10a, Pressure to the processor of schores 600 1601 and 600 180. Fibrate Statutes the above named limited partnership organized or registered under the isses of the State of Foricia, sustained this statement for the propose of changing is registered diffice or registered agent in the hards will, and accept the official sustained the statement in the hards will, and accept the official sustained to section 620 192. Fixeds Statutes SIGNATURE (Registered Agent Accepting Appearement) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(s) 11a, Octobrilla Residence of Statutes (Registered Agent Accepting Agent Accepting Agent Agent Accepting Agent Agent Agent Accepting Agent Agent Agent Accepting Agent Agent Agent A	City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
9, Name and Address of Current Registered Agent DAMES, CHRISTOPHER N ESQUIRE 1415 HENDRY STREET FT. MYERS FL 33901 Suite. Aptl #. etc. City City FL Zop Code 10a. Pursuant to the provisions of sections 620.1661 and 620.192 Florical Statutes, the above named imited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing is registered folico or registered agent in the statement agent in an imitate with, and accopting Appointment of registered agent and amiliar with, and accopting Appointment of registered agent Accepting Appointment of registered agent agent in the statement of the purpose of changing is registered folico or registered agent Accepting Appointment of registered Agent Accepting Accepting Appointment of registered Agent Accepting Appointment Accepting Appointme	Zip Country	Zip	Country	A Make check caughle to Dent	Fee Required
DAYES, CHRISTOPHER N ESQUIRE 1415 HENDRY STREET FT. MYERS FL 33901 Suite, Aprl #, etc. City FL Zop Code 108. Pursuant to the provisions of sections 620 162 fand 620 192. Florids Statutes, the above named limited partnership organized or registered under the laws of the State of Riorida, submits this statement for the purpose of changing its registered office or registered agent, a both, in the State of Florida. Such change was authorized by its general partner(e), I theraby accept the exportament of registered agent, a both. In the State of Florida. Such change was authorized by its general partner(e), I theraby accept the exportament of registered agent, a both. In the State of Florida. Such change was authorized by its general partner(e), I theraby accept the exportament of registered agent, a both. The State of Florida. Such change was authorized by its general partner(e), I theraby accept the exportament of registered agent, a both. The State of Florida. Such change was authorized by its general partner(e), I theraby accept the exportament of registered agent. A general partner of the State of Florida. Such change was authorized by its general partner(e), I theraby accept the exportament of registered agent. A general partner of registered agent. A general partner of the State of Florida. Such change was authorized by its general partner of the State of Florida. Such change was authorized by its general partner of the State of Florida. Such change was authorized by its general partner of the State of Florida. Such change was authorized by its general partner. 11. Name(s) of General Partner(s) 11. Name(s) of General Partne				G. Waxe Check payable to: Dobi. C	A State (God reverse and for rot information)
### Street Additions (P.O. Box Number is Not Acceptable) Street Additions (P.O. Box Number is Not Acceptable)	9, Name and Address of Curr	ent Registered Agent		10. If changed, new Registers	ed Agent/Office
Solie, Apt #, etc. City	DAVIES, CHRISTOPHER N ESQUIRE		Name		
State, Apt. 4. etc. City FL Zp Code			Street Address (P.O. Box Number Is Not Acceptable)		
10a. Pursuant to the provisions of sections 620 102 formed 520 192, Florida Statutes, the above-named initied perforably organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by its general permant(s). Thereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620 192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (b) Address of Facts Office Box Numbers) 11b. City, State & 2-p. Code 11c. Registratory Document Number 11b. City, State & 2-p. Code 11c. Registratory Document Number 12formed Partner(s) Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby centry list the information supplied with this timp is voluntarily furnished and does not qualify by the exemption state of second 119.07(3)(k), Piorida Statutes. I release the Division of this amount report is true and accurate and that my signature shall have the same legal effort for the formation supplied its deemed conscious for the receiver or trustee on provisions for true and accurate and that my signature shall have the same legal effort for the formation formation for the limited partnership, receiver or trustee on powered to associate this report as required by chapter 620, Florida Statutes SIGNATURE. DATE	FT. MYERS FL 33901		Suite, Apt. #, etc).	
10a. Pursuant to the provisions of sections 620 162 1761 and 620 192. Florida Statutes, the above-hard limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent and accept the obligations of section 620 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment). DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (address of Each General Partner WOODLANDS OF SARASTA,INC 2180 WEST FIRST ST. F. F. MYERS FL 33901 S57048 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Lob hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Forida Statutes I release the Division of this armusi report is true and accurate and fruit my signature shall have the same logal effect of the sum of the provision of the same logal effect of the same logal			City		Zip Code
tor the purpose of changing its registered diffice or registered agent, or both, in the State of Fordia. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent a manifer with, and accept the obligations of section 620 192. Fordia Statutes SIGNATURE (Registered Agent Accepting Appointment)					<u>FL</u>
WOODLANDS OF SARASTA,INC 2180 WEST FIRST ST.	A GENERAL PARTNER THA	I IS A CURPORATION, I	こいろうしょうしょう		TO DUIDINE OO PAITITY
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Ido hereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(x), Pickida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it sade under oath. The her certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes SIGNATURE. DATE		<u>ST BE REGISTERED AN</u>	ID ACTIVE	WITH THIS OFFICE.	Pagistration/
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the Information indicated on this annual report is true and accurate and that my signature shall have the same legal effect is it adde under oath. If there certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes SIGNATURE. DATE		11a. (Do NOT Use Post Office E	ral Partner Box Numbers) 1	WITH THIS OFFICE. 1b. City, State & Zip Code	11c. Registration/ Document Number
12. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the Information indicated on this annual report is true and accurate and that my signature shall have the same legal effects is if add under oath. I turner certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes SIGNATURE. DATE	WOODLANDS OF SARASTA,INC	11a. (Do NOT Use Post Office E	ral Partner Box Numbers) 1	Th. MYERS FL 33901	11c. Registration/ Document Number \$57048
Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects is it adde under oath. If there certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes SIGNATURE. DATE	WOODLANDS OF SARASTA,INC	11a. (Do NOT Use Post Office E	ral Partner Box Numbers) 1	Th. MYERS FL 33901	11c. Registration/ Document Number \$57048 0251746 /9601152006 76.25 *****576.25
	WOODLANDS OF SARASTA,INC	ST BE REGISTERED AN 11a. Address of Each Gener (Do NOT Use Post Office E 2180 WEST FIRST ST.	al Partner aox Numbers) 1	WITH THIS OFFICE. 1b. City, State & Zip Code FT. MYERS FL 33901 40002 -12/10 *****5	11c. Registration/ Document Number \$57048 D 2 5 1 7 4 6 79601152006 76.25 ****576.25
Typed or Printed Name of General Partner Signing Form	WOODLANDS OF SARASTA,INC Note: General partners MAY Note: I do hereby certify that the information supplied we Corporations from any liability of non-compliance this annual report is true and accurate and that my	Address of Each Gener 11a. (Do NOT Use Post Office E 2180 WEST FIRST ST. OT be changed on this form th this f-ling is voluntarily furnished and does r with Section 119 07(3)(k) in the event that the in y signature shall have the same legal effects	m; an amen not qualify for the ex- information supplied	WITH THIS OFFICE. 1b. City, State & Zip Code FT. MYERS FL 33901 40002 -12/10 *****5	11c. Registration/ Document Number \$57048 D251746 /9601152006 76.25 ****576.25 KWM ange a general partner. a Statutes. I release the Division of ther certify that the Information indicated on the certify that the Information indicated on
	Note: General partners MAY No. 12. I do hereby certify that the information supplied we Corporations from any liability of non-compliance this annual report is true and accurate and that my empowered to execute this report as required by the component of the c	Address of Each Gener 11a. (Do NOT Use Post Office E 2180 WEST FIRST ST. DT be changed on this form with this fling is voluntarily furnished and does not be supported by signature shall have the same legal effect of chapter 620, Florida Statutes	m; an amen not qualify for the ex- information supplied	MITH THIS OFFICE. 1b. City, State & Zip Code FT. MYERS FL 33901 4 0002 -12/10 ****5 dment must be filed to che emption stated in Section 119.07(3)(K), Florid is deemed exempt from public access. I fur	11c. Registration/Document Number \$57048 D251746 /9601152006 76.25 ****\$576.25 RWM ange a general partner. a Statutes. I release the Division of ther certify that the information indicated on